



REQUEST FOR INTERDISTRICT TRANSFER

Transfer from one district to another district
*Interdistrict transfers **MUST** be renewed annually*
School Year: 20_____ - 20_____

Please Complete **One Form Per Child**

Roseville City School District Use Only

Is your child receiving SPECIAL EDUCATION or other services? If so, which services (*Please check one or more*)

Special Day Class Resource Specialist Speech & Language Adaptive Phys. Ed. 504 Plan Other _____

New Applicant Renewal Placer County Schools Out of Placer County

Student's Name _____ Date of Birth _____ Grade _____
 (For school year requested)

Physical Address _____
 Street City Zip

Mailing Address _____
 Street/PO Box City Zip

Parent/Guardian Address (if different from above) _____

Parent/Guardian Phone: Home _____ Work _____ Other _____

Resident District ROSEVILLE CITY SCHOOL DISTRICT (RCSD) School _____

Requested District _____ School _____

Interdistrict requests may be approved for the following reasons:

- Returning student (**Renewal Only**)
- When the student has a sibling(s) attending school in another district.
- To participate in a specialized academic program not offered in RCSD. (**Attach supportive documentation**)
- Child Care within requested boundaries (**Attach documentation**)
- Employment within requested boundaries (**Attach supportive documentation**)
- To allow a student to continue in current school **for remainder of current school year** when parents/guardians have moved into RCSD.

Terms and Conditions/Standards

1. This application form must be submitted by any deadline established in each district's policy/regulation. Failure to submit an application by this deadline is good cause for denial.
2. Any false or misleading information provided to support a request may be grounds to deny, revoke or not renew a permit.
3. The terms and conditions to approve or deny an initial request are included in the board policy/regulation of each district but may include space availability, enrolling siblings in the same district and/or allowing students to complete a school year. The decision whether to approve or deny an initial request will be made by each district in accordance with its policy/regulation.
4. Interdistrict transfer students must annually reapply to both districts. The re-application must be approved by both districts in order for students to continue attending school in the district of enrollment.
5. The standards for reapplication are included in the board policy/regulation of each district but may include space availability, district resources, and the enrollment and/or participation in the requested educational program. The decision to renew an existing permit will be made by each district in accordance with its policy/regulation.
6. The terms and conditions for revocation of an existing permit are included in the board policy/regulation of each district but may include violation of district and/or school rules, and/or this agreement may be revoked if student is not making adequate academic progress, attending school on a regular basis and maintaining a positive disciplinary record. Any decision to revoke a permit may be made by each district in accordance with its policy/regulation.
7. Transportation to and from school is the responsibility of the parent/guardian.
8. Student athletes must check the CIF eligibility rules before submitting their application.
9. No financial obligation shall be incurred by the district of residence for services rendered under this permit.

Upon the full execution of this application form, the terms and conditions/standards listed in 1-9 above will form the interdistrict attendance agreement between the districts.

Is this student currently under an expulsion order? Yes No (If yes, from which school/district?) _____

PROVIDING ANY FALSE INFORMATION ON THIS FORM MAY INVALIDATE THIS REQUEST
 FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS WILL RESULT IN DENIAL OF THIS REQUEST

Parent/Guardian (Print name)

Parent/Guardian (Signature)

Date

For Roseville City School District Office Use Only

Granted Denied Due To: _____

 Roseville City School District Superintendent Signature Date

For Requested District Office Use Only

Granted Denied Due To: _____

 Requested District Superintendent Signature Date



Roseville City School District
 1050 Main Street
 Roseville, CA 95678
 916-771-1600

INTERDISTRICT TRANSFERS

Outgoing Interdistrict Transfer Process

*Interdistrict transfers **MUST** be renewed annually*

Please make sure to include all required documents listed below with your request for interdistrict transfer. **NOTE: Failure to submit all of the required documents will result in the denial of your interdistrict transfer.**

REASON FOR REQUEST	WRITTEN VERIFICATION REQUIRED
When the student has a sibling attending school in the receiving district	Name of sibling & school the sibling is attending
When there is interest in a particular specialized academic program that is not offered in the district's regular day curriculum (<i>Does not include extracurricular programs outside of the regular day curriculum</i>)	Acceptance letter from the specialized academic program
To meet the child care needs of a student	Name, phone number & address of daycare provider.
When the parent is employed in the district's attendance boundaries	Letter from the parent's/guardian's employer
To allow a student to continue in current school for remainder of current school year when parents/guardians have moved	Verification student currently enrolled in requested district/school.

APPROVALS:

Once the interdistrict transfer request is signed and the student is released from the district, you will **not** be notified by the Roseville City School District. It is up to the requested district to notify you once a decision has been made on their end.

DENIALS:

A notification will be mailed to the parent/guardian if the request has been denied. The appeal process will be outlined in the letter.

By signing this you acknowledge that you have read the above information and **failure to submit all of the required documents will result in the denial of your interdistrict transfer.**

Parent Signature: _____ Date: _____

Please Print Name: _____