

FOUNTAIN VALLEY SCHOOL DISTRICT

10055 Slater Ave * Fountain Valley, CA. * 92708 * (714) 843-3250 * www.fvsd.k12.ca.us

ORANGE COUNTY INTERDISTRICT TRANSFER AGREEMENT

STEP 1: To be completed by parent/guardian (please print) ____New ____Renewal

Transfer requested for : <input type="checkbox"/> Current school year <input type="checkbox"/> Next school year 20_____ - 20_____	Student's Grade	Date of Request
Student Name (Last, First)	Birth Date	
Current or Last School of Attendance	Current or Last District of Attendance	
School of Residence	District of Residence	
School Requested	District Requested	
Parent/Guardian Name	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Email Address	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Address	City/Zip	
Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What special services has the student received? <i>(Check all that apply and attach proof of enrollment in the special program.)</i> <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner		
If student is receiving Special Education services, what is their current placement? <i>(please attach IEP)</i> <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Pending Assessment <input type="checkbox"/> Other: _____		
What is/are the reason(s) for the request? <i>(Check all that apply)</i> <input type="checkbox"/> Child Care <input type="checkbox"/> Parent Employment <input type="checkbox"/> Sibling <input type="checkbox"/> Health & Safety <input type="checkbox"/> Specialized Program <input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Complete Final Year at Current School <input type="checkbox"/> Change in Residence <input type="checkbox"/> Other (attach supporting documents)		

I have read the terms and conditions and understand the regulations and policies governing interdistrict transfer agreements and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the required documentation **DOES NOT** guarantee that the request will be approved. I understand that this agreement is **for one school year only and must be renewed annually**. I understand the agreement may be revoked during the year based on the terms and conditions listed on the back of this agreement.

Parent/Guardian Signature _____ Relationship to Student _____

STEP 2: District of Residence

Decision: Approved Denied

Comments: _____

Authorizing Signature: _____

Title: _____

District: _____

STEP 3: Proposed District of Attendance

Decision: Approved Denied

Comments: _____

Authorizing Signature: _____

Title: _____

District: _____

IMPORTANT: A parent/guardian must initial terms and conditions on back side of form. If the interdistrict transfer agreement is approved by the district of residence (Step 2), the parent/guardian is responsible for submitting a copy of the approved agreement to the proposed district of attendance (Step 3).

BACK SIDE MUST BE INITIALLED

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TERMS AND CONDITIONS

- This interdistrict transfer agreement is **valid only for the school year granted; the agreement expires at the end of each school year and must be renewed annually.**
- This agreement may be revoked at any time by the district of attendance for the following reasons:
 - Student is excessively tardy or absent from school, or student is brought to school excessively early or left excessively late.
 - Student fails to uphold appropriate behavior standards.
 - Student has poor academic performance.
 - Insufficient space in the school and/or grade level.
 - False or misleading information was provided.
 - Students or parents fail to follow school rules.
- Approval is subject to space availability in the district and may not be at the site requested.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting this agreement.
- Students who are eligible for Special Education Services may be asked to obtain an Inter/Intra-SELPA Agreement for Individuals with Exceptional Needs, in addition to the interdistrict transfer agreement.
- **No financial obligation shall be incurred by the district of residence for services rendered under this agreement.**
- The parent/guardian is responsible for providing transportation to and from school.
- If this transfer is not approved you may appeal within 30 days to the Orange County Department of Education, Coordinator of Student Services at (714) 327-1075.

Parent's Initials:

BACK SIDE MUST BE INITIALED