



Lompoc Unified School District

INTER-DISTRICT BOUNDARY TRANSFER REQUEST

LOMPOC UNIFIED SCHOOL DISTRICT

School Year Requesting: _____

- | | |
|---|----------------------------------|
| <input type="checkbox"/> I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5) | <input type="checkbox"/> New |
| <input type="checkbox"/> E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f)) | <input type="checkbox"/> Renewal |

STUDENT AND PARENT INFORMATION:

Student Name: _____	District Requested: _____
Date of Birth: _____	Grade Requested: _____
Parent/Guardian Name: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address: _____	School Requested: _____
Home Phone: _____	Cell Phone: _____
Employer Name/Address: _____	Work Phone: _____

SPECIAL SERVICES:

Does the student receive special services: Yes No If yes, indicate services and provide documentation.

504 Plan Speech Special Day Class Resource Other: _____

REASON(S) FOR THE REQUEST:

Please check one or more reasons for the request. Attach supporting documentation if required.

Change of Address – Date of Move _____

Sibling attending _____

Name _____ Grade: _____ School Attending: _____

Employment – Attach proof of employment (letter on company letterhead/paystub)

Other – Please explain (If necessary, use back of form for further explanation.)

PARENT/GUARDIAN STATEMENT:

In making this Inter-District Boundary Agreement, I understand the following conditions:

1. Approval by both districts is required.
2. If granted, this Inter-District Boundary Agreement may require annual renewal.
3. Students may be required to change schools due to excessive school enrollment or the redrawing of attendance boundaries.
4. This Inter-district Boundary Agreement may be revoked at any time for unacceptable attendance, behavior issues and/or not adhering to school rules and policies.
5. Parent/Guardian is responsible for transportation to and from school.
6. If this request is denied, you have the right to appeal the decision to the Santa Barbara County Board of Education.

I hereby certify that the student and parent/guardian information provided above is accurate and I understand and agree to the above stated Inter-District Boundary Agreement conditions.

Parent/Guardian Signature: _____ Date: _____

DISTRICTS' DECISIONS:

ATD-12 rev. 5/16

<p>DISTRICT OF RESIDENCE: Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>Reason(s) for decision, if denied: _____</p> <p>By: _____ Date: _____</p> <p>Title: Director, Pupil Support Services</p> <p>By: _____ Date: _____</p> <p>Title: Assistant Superintendent, Education Services</p>	<p>DISTRICT REQUESTED: Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>Reason(s) for decision, if denied: _____</p> <p>By: _____ Date: _____</p> <p>Title: _____</p>
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