



Lompoc Unified School District

INTER-DISTRICT BOUNDARY TRANSFER REQUEST

School Year Requesting: _____

- I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5)
 E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f))

- New**
 Renewal

STUDENT AND PARENT INFORMATION:

Student Name: _____ District Requested: _____
 Date of Birth: _____ Grade Requested: _____ Male
 Female School Requested: _____
 Parent/Guardian Name: _____
 Home Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Employer Name/Address: _____

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. 6/19

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