



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:

- Approval by both districts is required.
- If granted, this Inter-District Boundary Agreement may require annual renewal.
- Students may be required to change schools due to excessive school enrollment or the redrawing of attendance boundaries.
- 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.
- Parent/Guardian is responsible for transportation to and from school.
- 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

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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