



MADERA UNIFIED SCHOOL DISTRICT
 1820 HOWARD ROAD MADERA, CA. 93637
 PH: (559) 416-5858 EXT 11101 FAX (559) 661-2005

INTERDISTRICT TRANSFER 2022-2023

NEW RENEWAL

send via email to: transfers@maderausd.org

STUDENT LAST NAME	FIRST NAME	GRADE FOR 2022-23	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	STREET ADDRESS	CITY	ZIP	
PARENT/LEGAL GUARDIAN LAST NAME	FIRST NAME	DAYTIME CONTACT NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	

DISTRICT OF RESIDENCE MADERA UNIFIED SCHOOL DISTRICT	SCHOOL OF RESIDENCE
CURRENT OR LAST DISTRICT OF ATTENDANCE	CURRENT OR LAST SCHOOL OF ATTENDANCE
DISTRICT REQUESTED	SCHOOL OPTION #1:

REASON(S) FOR TRANSFER. CHECK ALL THAT APPLY.

<input type="checkbox"/> Parent/Guardian Employment <i>Must attach one of the following dated within the past 30 days.</i> - Paycheck stub - Letter from employer on letterhead verifying work hours & location of employment - If self-employed, letter stating work hours, location, & copy of business license/permit	<input type="checkbox"/> Continue Enrollment <input type="checkbox"/> Sibling:(Name/Grade) _____ <input type="checkbox"/> Finish Final School Year <input type="checkbox"/> Child Care _____ <input type="checkbox"/> Dual Language Immersion (DLI) Program (Language) _____
<input type="checkbox"/> SCHOOL OPTION #2:	SCHOOL OPTION #3:

WHAT SPECIALIZED SERVICES DOES THE STUDENT RECEIVE? CHECK ALL THAT APPLY.
 Special Education Section 504 English Language Learner Gifted (GATE) Other: _____ None

IF THE STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES, WHAT IS THEIR CURRENT PLACEMENT?
 Resource (RSP) Special Day (SDC) Speech/Language Therapy Pending Assessment Other: _____

WAS THE STUDENT RETAINED? <input type="checkbox"/> No <input type="checkbox"/> Yes Grade: _____	IS THE STUDENT PENDING DISCIPLINARY ACTION OR UNDER AN EXPULSION ORDER? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____
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Terms and Conditions

This Interdistrict Transfer Agreement is valid only for the school year granted and must be RENEWED annually. Renewals are not guaranteed.

- Approval is subject to space availability in the requested district and may not be at the site requested.
- Students who are eligible for Special Education Services may also be asked to obtain an Inter/Intra-SELPA Agreement for Individuals with Exceptional Needs.
- 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.

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/ Parent fails to uphold appropriate behavior standards.
- Student has poor academic performance.
- False or misleading information was provided.
- Program Impact. District/site has exceeded space available in grade level or program.

I have read the terms and conditions, and understand the regulations and policies governing Interdistrict attendance permits 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.

Parent/Legal Guardian Signature _____ Date _____

DISTRICT OF RESIDENCE DISTRICT: MADERA UNIFIED SCHOOL DISTRICT	DISTRICT REQUESTED DISTRICT: _____
DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Renewal/ CE <input type="checkbox"/> PE <input type="checkbox"/> DLI <input type="checkbox"/> CC <input type="checkbox"/> FSJ <input type="checkbox"/> Other	<input type="checkbox"/> Denied <input type="checkbox"/> Not in Policy <input type="checkbox"/> Other
DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
COMMENTS:	COMMENTS:
BY: <input type="checkbox"/> Director of Student Services <input type="checkbox"/> Child Welfare Attendance Supervisor SIGNATURE: _____ DATE: _____	BY: _____ TITLE: _____ SIGNATURE: _____ DATE: _____