

MADERA UNIFIED SCHOOL DISTRICT
1820 HOWARD ROAD MADERA, CA 93637
PH: (559) 416-5858 EXT. 11107 FAX (559) 661-2005

ANNUAL EMPLOYMENT VERIFICATION 2025-2026

☐ NEW ☐ RENEWAL

send via email to: transfers@maderausd.org

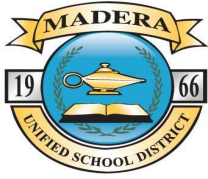
Today's Date: _____ Resident School District: _____

Does the parent/guardian work for Madera Unified School District? No Yes List school site: _____

I request permission for my child(ren) to attend school in the Madera Unified School District for the 25/26 school year due to parent employment. [Ed Code 48204(b)]

Parent/Guardian Name: _____					
Address: _____			City: _____		Zip: _____
Home Phone: () _____		Work/Cell Phone: () _____		Email: _____	
STUDENT'S LAST NAME	STUDENT'S FIRST NAME	DATE OF BIRTH	GRADE	SPECIAL ED. STUDENT YES/NO	SCHOOL REQUESTED
Employer: _____				Phone Number: _____	
ADDRESS: _____			City: _____		Zip: _____
Select one of the following forms of verification that you will attach to this application: Copy of Pay Stub Letter from Employer					
PARENT CERTIFICATION: I have read and understand all the transfer stipulations and verify all the information provided is correct. I understand that if the information proves to be incorrect through error, omission, or misstatement, my transfer application may be denied. My signature below indicates my understanding that the sending and receiving school district may request student records before this transfer is processed.					
Signature of Parent/Guardian: _____ Date: _____					

<p>FOR DISTRICT USE ONLY Date: _____</p> <p>Student: _____</p> <p>Requested School: _____</p> <p>DENIED: Your transfer has been denied for reason# _____</p> <ol style="list-style-type: none">1. There is no space available at this time.2. There is a documented safety concern.3. Special Education services are not available or are impacted.4. There is no space available; a second-choice school has been assigned. (See box on the right) <p>Waitlisted</p>	<p>FOR DISTRICT USE ONLY Approval Date: _____</p> <p>Student: _____</p> <p>Assigned School: _____</p> <p>APPROVED: Your transfer has been approved for this reason: (PE) Parent Employment</p> <p>PARENT INFORMATION – ACCEPTANCE PROCESS</p> <p>This approved application and all enrollment documents must be presented to the approved school or the approval will be rescinded. All of the above-mentioned conditions will apply once the transfer is accepted.</p>
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PARENT CERTIFICATION FOR ANNUAL EMPLOYMENT

Please Initial

_____ I will immediately notify the Director of Student Services and School Attendance of the Madera Unified School District upon any change in employment status. The noted employer is authorized to release employment information to the Director of Student Services and School Attendance of the Madera Unified School District and the District of Residence as provided in this verification.

_____ I understand that I Must provide the verification of employment that is required with the application.

_____ I understand this verification is valid for one year only and must be renewed annually by the District of Attendance and the District of Residence. Madera Unified School District will initiate the verification process and provide documentation to the District of Residence.

_____ I understand that transportation is not provided by Madera Unified School District and is to be provided by the parent(s)/guardian(s).

_____ I declare under penalty of perjury that the foregoing is true and correct.

It is understood that if upon review by both districts, any declaration contained here is not verifiable to the satisfaction of the Director of Student Services for Madera Unified School District, all entitlements and benefits accrued by such declarations are void and the residence of the parent/guardian/caregiver will be deemed the residence of the pupil for school

Student(s) Name/ D.O.B

Parent /Legal Guardian Signature

Date