**MADERA UNIFIED SCHOOL DISTRICT**

1820 HOWARD ROAD MADERA, CA 93637

PH: (559) 416-5858 EXT. 11107 FAX (559) 661-2005

INTERDISTRICT TRANSFER 2025-2026☐ NEW ☐ RENEWALsend via email to: transfers@maderausd.org

Student Last Name	First Name	Grade For 2025-26	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address	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 Site Requested

Reason(s) For Transfer. Check All That Apply.**Parent /Guardian Employment** *Must attach one of the following dated within the past 30 days.*

- Paycheck Stub
- Letter from employer on letterhead verifying work hours & location of employment

If self-employed, letter stating work hours, location, & copy of the business license/permit

☐ Continue Enrollment☐ Sibling: _____☐ Child Care: _____☐ Dual Language Immersion (DLI) Program☐ Other: _____**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: _____

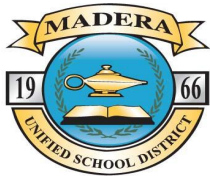
Was The Student Retained?

☐ No ☐ Yes Grade: _____

Is The Student Pending Disciplinary Action or Under An Expulsion Order?

☐ No ☐ Yes Explain: _____

District of Residence: Madera Unified School District	District Requested:
DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Renewal/ CE <input type="checkbox"/> PE <input type="checkbox"/> DLI <input type="checkbox"/> Not in Policy <input type="checkbox"/> CC <input type="checkbox"/> FSY <input type="checkbox"/> Other	
COMMENTS:	COMMENTS:
By: <input type="checkbox"/> Director of Student Services <input type="checkbox"/> Child Welfare Attendance	Title: _____
Signature: _____ Date: _____	Signature: _____ Date: _____



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INTERDISTRICT TRANSFER 2025-2026

☐ NEW ☐ RENEWAL

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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. Please initial

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:

Approval is subject to space availability in the requested district and may not be at the site requested.

Students/Parent Fails to uphold appropriate behavior standards.

The 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. In the event of a denial, an appeal may be directed to Madera County Office of Education.

Student(s) Name/ D.O.B

Parent /Legal Guardian Signature

Date