

MORELAND SCHOOL DISTRICT 4711 CAMPBELL AVENUE SAN JOSE, CA 95130	DATE/TIME/NUMBER/STAMP
INTER-DISTRICT TRANSFER OUT APPLICATION	

New <input type="checkbox"/>	Renewal <input type="checkbox"/>	For School Year 20____-20____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Student Name _____	Birth Date _____	Grade (For Year Requested) _____
Address _____	City _____	Zip _____
Parent/Guardian _____	Home Phone _____	Alternate Phone _____

Mother's Place of Employment _____	Work Phone _____
Father's Place of Employment _____	Work Phone _____

School of Residence _____	District MORELAND SCHOOL DISTRICT
School Currently Enrolled _____	District _____
School Requested _____	District _____

Reason for Transfer: Child Care* <input type="checkbox"/> Finish School Year <input type="checkbox"/> Sibling Attending School <input type="checkbox"/>			
Special Circumstance <input type="checkbox"/>	Special Program** <input type="checkbox"/>	Parent Employment* <input type="checkbox"/>	Other <input type="checkbox"/>
<i>* Supporting documentation may be required. ** Student must be enrolled in the specialized program for the duration of the transfer.</i>			
Describe reason for requesting transfer: _____			

Is student expelled or pending expulsion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was child retained? Yes <input type="checkbox"/> No <input type="checkbox"/> Retention Grade: _____
Is student enrolled in Special Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
504 Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Parent Affidavit	
<p>I understand that an approved transfer may be revoked for any of the following reasons: (1) insufficient classroom space in requested school and/or grade level, (2) excessive truancy, tardiness or late pick ups, (3) not academically successful, (4) poor behavior or citizenship, (5) providing false information in making a transfer request, (6) other reasons that may be determined by the Board of Trustees. I agree, if this transfer is approved, to provide safe and timely transportation (to and from school) for my student. <u>I understand that by State law and District Policy inter-district transfers are valid for one year only, must be renewed annually and are not guaranteed for renewal from year to year.</u> I certify that all of the information I have provided to the Moreland School District relating to this transfer request is true and correct.</p>	
Parent/Guardian Signature _____	Date _____

Release by Moreland School District Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Receiving District: _____ Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Reason for action: <input type="checkbox"/> remainder of year <input type="checkbox"/> other <input type="checkbox"/> If Special Ed needs are later identified, this agreement will need to be renegotiated.	Comments: _____ _____ _____
By _____ Title _____ Date _____	By _____ Title _____ Date _____

