❑ Renewal
❑ New
❑ Release from district of residence

MONROVIA UNIFIED SCHOOL DISTRICT
325 E. Huntington Drive, Monrovia, CA 91016
Tel: (626) 471-2042 ❖ Fax: (626) 471-2076

Inter-District Transfer ☐
Inter-District Release ☐

APPLICATION FOR INTER-DISTRICT TRANSFER

STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH	GENDER	Grade Requested
		_____/_____/_____	□ Male □ Female	

MOTHER/LEGAL GUARDIAN LAST NAME	FIRST NAME	DAYTIME CONTACT NUMBER	E-MAIL ADDRESS
		□ HOME □ CELL	
FATHER/LEGAL GUARDIAN LAST NAME	FIRST NAME	DAYTIME CONTACT NUMBER	E-MAIL ADDRESS
		□ HOME □ CELL	
STREET ADDRESS	CITY	ZIP CODE	STUDENT LIVES WITH: □ MOTHER □ FATHER □ GUARDIAN
CURRENT OR LAST DISTRICT OF ATTENDANCE	CURRENT OR LAST SCHOOL OF ATTENDANCE	DISTRICT OF RESIDENCE	SCHOOL OF RESIDENCE

PARENT/GUARDIAN REQUEST

I hereby request that the above-named student be permitted to attend _____ School District

for the _____ school year. I request that the student attend _____ School.

My reasons for making this request are:

- ☐ Child Care (child care verification form attached)
- ☐ Parents work within the boundaries of the requested district (verification attached)
- ☐ Special mental or physical needs as certified by school personnel (verification attached)
- ☐ Other _____ _____

For admission to MUSD please attach the following:

- Most recent report card
- Documentation of citizenship/behavior records, or statement from school official
- Copy of most recent attendance report

Is the student receiving Special Education Services (has IEP)? ❑ Yes ❑ No *If yes, what service or class?* _____

Is the student on an expulsion order or ever been recommended for expulsion? ❑ Yes ❑ No

Does the student have a 504 plan? ☐ ***Yes*** ☐ ***No***

Please read carefully as your signature indicates that you are aware of the conditions of this inter-district transfer permit:

1. School and class assignments are based upon space availability. Acceptance into MUSD does not guarantee placement at a specific site. This permit is subject to review and/or cancellation if overcrowding occurs. The District will not be responsible for excess cost.
2. The parent assumes full responsibility for providing needed transportation.
3. This permit expires at the **end of the current school year;** each year **re-verification** is needed.
4. This permit will be revoked for any of the following reasons:
   a) Falsification or misrepresentation of information on this form or supporting documents
   b) Failure to notify school immediately of change of address, employment, or child-care arrangements
   c) Unsatisfactory academic progress
   d) Student's behavior is a danger to staff and/or students, or has failed to improve after other means of correction

I have read, understand, and accept the conditions of this agreement as noted above.

_____	_____	_____
Parent/Guardian Name (Please Print)	**Parent/Guardian Signature**	**Date**

ACTION BY DISTRICT REQUESTED

STUDENT IS: ☐ **ACCEPTED** ☐ **DENIED** attendance in the _____ District at _____ School

_____	_____	_____
Authorizing Signature	Title	Date

RELEASE from _____ District: ☐ **APPROVED** ☐ **DENIED**

_____	_____	_____
Authorizing Signature	Title	Date