

INTERDISTRICT TRANSFERS – OUTGOING

If you live within the boundaries of the Cypress School District and wish to attend school in another district

A parent or guardian may request an interdistrict transfer to a school outside the Cypress School District, in accordance with Cypress School District Board Policy. Releases are granted on a case-by-case basis and are not guaranteed. An interdistrict transfer must be granted by Cypress School District before applying to another district.

NOTE: Per Ed. Code 48204, "A school district may deem a pupil to have complied with the residency requirements for school attendance in the district if at least one parent or the legal guardian of the pupil is physically employed within the boundaries of that district for <u>a minimum of 10 hours during the school week</u>." An interdistrict transfer form must be completed for requests based on employment.

APPLICATION PROCEDURE:

New or Current Cypress School District Student Requesting a New or Renewal Release:

- 1. Submit an Interdistrict Transfer Agreement to the Cypress School District Office.
- 2. Parent/guardian will be notified of the decision within a week.



INTERDISTRICT TRANSFER AGREEMENT

DISTRICT	□ NEW □	RENEWAL FO	D SCHOOL VEAD 20	/ 20	TDANISEED CDADE	
		RENEWAL FO	R SCHOOL YEAR 20		TRANSFER GRADE	
STUDENT LAST NAME	FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	SEX ☐ MALE ☐ FEMALE	
EMAIL ADDRESS	STREET ADDRESS		CITY		ZIP	
PARENT/LEGAL GUARDIAN LAST NAME	FIRST NAME		DAYTIME CONTACT	DAYTIME CONTACT NUMBER		
DISTRICT OF RESIDENCE	<u> </u>	SCHOOL OF RESID	ENCE			
Cypress School District						
CURRENT OR LAST DISTRICT OF ATTENDANCE		CURRENT OR LAST SCHOOL OF ATTENDANCE				
DISTRICT REQUESTED		SCHOOL REQUESTED				
REASON(S) FOR TRANSFER Parent/Guardian Employment Must attach one of the following dated within the past 30 days Paycheck stub Letter from employer on business stationery verifying work hours per week & location of employment If self-employed, letter stating work hours per week, location of employment, & copy of business license/permit EXPLANATION (Attach additional pages, if necessary)						
WHAT SPECIAL SERVICES HAS THE STUDENT RECEIVED? ☐ Special Education ☐ Section 504 ☐ English Language Learner ☐ Gifted (GATE) ☐ Other: ☐ None						
IF THE STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES, WHAT ☐ Resource (RSP) ☐ Special Day (SDC)	☐ Pending Assessm	nent 🗆	Other:			
was the student retained? No Yes Grade:	IS THE STUDENT PENDING E ☐ No ☐ Yes	Explain:	N OR UNDER AN EXPULSI	ON ORDER?		
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. TERMS AND CONDITIONS • This Interdistrict Transfer Agreement is valid for a maximum of five school years, unless there is a change in the reason for transfer or reason conditions. Renewals are not guaranteed. • 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 fails to uphold appropriate behavior standards - Student has poor academic performance - False or misleading information was provided - Students or parents fail to follow school rules • 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.						
Parent/Legal Guardian Signature Date						
DISTRICT OF RESIDENCE		PROPOSED	DISTRICT OF ATTI	ENDANCE		
DISTRICT: Cypress School District		DISTRICT:				
DECISION: ☐ Approved ☐ Denie	d	DECISION:	☐ Accepted	☐ Denied		
COMMENTS:	No funds to follow	COMMENTS				
DATE:		DATE:				
BY: Tracy Mouren-Laurens Tim I	BY:					
Administrative Director Assistant Superintendent		TITLE:				
SIGNATURE:	SIGNATURE	:				