



BLOCHMAN UNION SCHOOL DISTRICT

INTER-DISTRICT BOUNDARY TRANSFER & ATTENDANCE REQUEST 2018/2019



I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5)
 E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f))

New
 Renewal

STUDENT AND PARENT INFORMATION:

Student Name: _____ District Requested: _____
 Date of Birth: _____ Grade _____ Male
 Requested: _____ Female School Requested: _____
 Parent/Guardian Name: _____
 Home Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Employer Name/Address: _____

SPECIAL SERVICES/ HEALTH NEEDS:

Does the student receive special services: Y N If yes, indicate services and provide documentation.
 504 Plan Speech Special Day Class Resource Other: _____
 Are there any health needs we should be aware of? _____

REASON(S) FOR THE REQUEST:

Please check one or more reasons for the request. Attach supporting documentation if required.
 Change of Address – Date of Move _____
 Sibling attending Blochman Union School District
 Name _____ Grade: _____
 Employment – Attach proof of employment (letter on company letterhead/paystub)
 Other – Please explain (If necessary, use back of form for further explanation.)

PARENT/GUARDIAN STATEMENT:

In making this Inter-District Boundary Agreement, I understand the following conditions:

1. Approval by both districts is required.
2. If granted, this Inter-District Boundary Agreement may require annual renewal.
3. This Inter-district Boundary Agreement may be revoked at any time for unacceptable attendance, behavior issues and/or not adhering to school rules and policies.
4. Parent/Guardian may be responsible for transportation to and from school.
5. Inter district agreements may be revoked if the enrollment of resident student causes a class to exceed Board directed class size.
6. If this request is denied, you have the right to appeal the decision to the Santa Barbara County Board of Education.

I hereby certify that the student and parent/guardian information provided above is accurate and I understand and agree to the above stated Inter-District Boundary Agreement conditions.

Parent/Guardian Signature: _____ Date: _____

DISTRICTS' DECISIONS:

DISTRICT REQUESTED: Approved _____ Denied _____
 Reason(s) for decision, if denied: _____
 By: _____ Date: _____
 Title: _____