



# Plumas Lake Elementary School District

Dr. Jeff Roberts, Superintendent

## INTER/INTRA DISTRICT TRANSFER AGREEMENT

|   |  |   |                                |
|---|--|---|--------------------------------|
|   |  | Date Received: _____  |                                |
| Transfer Requested For: <input type="checkbox"/> Current School Year <input type="checkbox"/> Next School Year<br>20__ - 20__   |  | <input type="checkbox"/> Inter-District   | <input type="checkbox"/> New   |
|   |  | <input type="checkbox"/> Intra-District   | <input type="checkbox"/> Renew |
| Student Name (Last, First)  |  | Requested Grade   | Birth Date                     |
| Parent/Guardian Name  |  | Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |                                |
| Email Address   |  | Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |                                |
| Address   |  | City/Zip  |                                |
| Current or Last School of Attendance  |  | Current or Last District of Attendance  |                                |
| School of Residence   |  | District of Residence   |                                |
| Requested School  |  | Requested District  |                                |
| Is the student currently pending disciplinary action or under an expulsion order? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |                                |
| What special services has the student received?<br><input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> English Language Learner   |  |   |                                |
| If student is receiving Special Education Services, what is the current placement?<br><input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Resource Specialist Program (RSP) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Pending Assessment<br><input type="checkbox"/> Other _____  |  |   |                                |
| What is/are the reason(s) for the request? (Check all that apply)<br><input type="checkbox"/> Child Care <input type="checkbox"/> Parent Employment <input type="checkbox"/> Sibling enrolled in District <input type="checkbox"/> Health & Safety<br><input type="checkbox"/> Specialized Program <input type="checkbox"/> Continuing Enrollment <input type="checkbox"/> Complete Final Year at Current School <input type="checkbox"/> Change in Residence<br><input type="checkbox"/> Other _____ |  |   |                                |

I understand the Inter-District Attendance Agreement is conditional upon: 1) The student obeying school rules and maintaining good attendance, good citizenship and passing all courses. 2) Class sizes not exceeding maximum allowed by statute or contract. 3) Maintaining no negative balances on any accounts including but not limited to cafeteria, transportation and library/textbook. 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 DOES NOT guarantee that the request will be approved. I understand that this agreement is for one school year only and must be renewed annually and **transportation is the responsibility of the parent/guardian**. I understand the agreement may be revoked during the year based on the terms and conditions listed above.

**Incoming students to the Plumas Lake Elementary School District must sign the Performance Agreement on the reverse side of this form.**

Parent/Guardian Signature \_\_\_\_\_

| For Office Use Only               |                                 |                                   |                                 |
|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| District of Residence             |                                 | Requested District                |                                 |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| _____<br>Authorizing Signature    |                                 | _____<br>Authorizing Signature    |                                 |
| _____<br>Title                    |                                 | _____<br>Title                    |                                 |
| _____<br>Date                     |                                 | _____<br>Date                     |                                 |