



Superintendent - Beverly Boone  
 Board of Trustees - Cody Brum - Mark Huft - Dustin McDonald - Ann Ullrich - Tammi Van Houten

**Interdistrict Attendance (IDA) Transfer Request for School Year: 20\_\_ - 20\_\_ (FORM 1)**

Date of Request: \_\_\_\_\_

Parent/Guardian: Please fill out one application for each student. As a resident of Oak View Union Elementary School District and the parent/guardian of the student listed below, I am requesting his/her transfer out of the Oak View Elementary School District.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Requested District: \_\_\_\_\_ Requested School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

List other school-age children: \_\_\_\_\_

	Name	Grade	Current School
Does student receive special education services?	Yes	No	Does student have a 504 plan? Yes No
Is student an English Language Learner?	Yes	No	
Is student currently expelled, pending expulsion or expelled within the last year?			Yes No

Reason for Transfer Request: (Check reason and explain fully)

**1. \_\_\_ Parent's employment is located within attendance boundaries of requested district. If checked, complete the following:**

Parent's employer/Company Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**2. \_\_\_ Other** \_\_\_\_\_

**To be filled out by District of Residence**

\_\_\_ **The IDA Transfer Request is denied. Reason:** \_\_\_\_\_

\_\_\_ **This IDA Transfer Request is approved** and referred to the Requested District for consideration. This IDA Request and an IDA Transfer Agreement (Form 2) will be sent to the Requested District with transcript, attendance and discipline information. Students in grades T K – 10 need to re-apply each year.

Signature of District Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*Note that districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. Note that Interdistrict transfers may not be guaranteed for all siblings. Disapproval by either district may be appealed to the San Joaquin County Office of Education within 30 days of denial. See [www.sjcoe.org](http://www.sjcoe.org) for Interdistrict Attendance Appeal Handbook, or call the San Joaquin County Office of Education (209)468-4800.*