



2020 - 2021

<input type="checkbox"/> New Application
<input type="radio"/> Moved
<input type="checkbox"/> Renewal

ADMISSIONS AND FAMILY SERVICES • 1800 SOUTH SUTTER ST.
Interdistrict Attendance (IDA) Transfer Agreement
Office # 209 933-7028 Ext. 2932 Email: skang@stocktonusd.net

Today's Date _____

Step 1: To be completed by parent/guardian (Please print)

Interdistrict Transfers requests are accepted between February 1st-April 1st of each year

Student's Name _____ DOB _____ Grade _____ Gender _____

Last School of Attendance _____ Last District of Attendance _____

Requested School _____ Requested District _____

Parent/Guardian Name _____

Address _____ City _____ Zip Code _____

Contact number: _____ Email: _____

Is your child currently expelled, pending expulsion or was expelled during the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No
What special services has the student been found eligible for or received? (Check all that apply; attach proof of enrollment in special program and most recent IEP including FAPE offer.)
<input type="checkbox"/> Foster <input type="checkbox"/> Section 504 <input type="checkbox"/> Special education <input type="checkbox"/> English Language Learner
What is /are the reason(s) for the request? (Check all that apply. See "Documentation Required" section for supporting evidence to justify reason(s).)
<input type="checkbox"/> Child Care (K-6 Only) <input type="checkbox"/> Specialized Program <input type="checkbox"/> Sibling <input type="checkbox"/> Continuing Enrollment
<input type="checkbox"/> Complete Final Year <input type="checkbox"/> Parent Employment <input type="checkbox"/> Other (Please specify in a letter)
Parent employer _____ Job Title _____
(Must provide proof of employment, i.e., most recent check stub, letter from business owner or manager)
Address _____ Phone _____

I have read the terms and conditions on page 2 of this application and understand that request **DOES NOT** guarantee approval.
FALSIFICATION OF ANY INFORMATION INVALIDATES THIS TRANSFER APPLICATION

Parent/Guardian Signature _____ Relationship to Student _____

****DISTRICT USE ONLY****

Step 2: District of Residence

Step 3: Proposed District of Attendance

District: **STOCKTON UNIFIED SCHOOL DISTRICT**

District: _____

Date: _____

Date: _____

Approved

Approved Allen Bill: Yes No

Denied: _____

Denied: _____

Authorizing Signature: _____

Authorizing Signature _____

Title: _____

Title: _____

Terms and Conditions

****New applications only**** Must include a copy of the most current **transcript, report card, attendance and discipline reports**, most recent **IEP (if eligible)**, and the documentation required to support the reason(s) for the interdistrict transfer request based on the chart below. All documentation must be attached to the application at the time of submission. Requests will be considered based on local board policies and individual merit. **Please note: Incomplete applications will not be processed.**

Reason for Request	Documentation Required
Child Care (K-6 Only)	<ul style="list-style-type: none"> ▪ Proof of employment of all parents/guardians who are involved in the student’s life on a day-to-day basis <ul style="list-style-type: none"> <input type="checkbox"/> Copy of a recent pay stub <input type="checkbox"/> Letter on the employer’s stationary verifying schedule (hours and days) and location of employment <input type="checkbox"/> If self-employed, letter stating schedule (hours and days) and location of employment ▪ Letter from the adult, center, or organization providing day care <ul style="list-style-type: none"> <input type="checkbox"/> Name, address and contact information of the adult, center or organization <input type="checkbox"/> Child care license number and fees, if applicable <input type="checkbox"/> Hours of operation for the center or organization, or the hours that the student is under care <input type="checkbox"/> Length of time student has been under care by the adult, center or organization ▪ Letter from parent/guardian explaining the circumstance that an interdistrict permit is necessary under child care reasons
Parent Employment (If District of Attendance policy permits)	<ul style="list-style-type: none"> ▪ Proof of employment of all parents/guardians who work in the requested district’s boundaries <ul style="list-style-type: none"> <input type="checkbox"/> Copy of a recent pay stub <input type="checkbox"/> Letter on the employer’s stationary verifying schedule (hours and days) and location of employment <input type="checkbox"/> If self-employed, letter stating schedule (hours and days) and location of employment ▪ Letter from parent/guardian explaining the circumstance that an interdistrict permit is necessary under parent employment reasons
Sibling	<ul style="list-style-type: none"> ▪ Name, grade and school where the sibling attends (sibling must already attend a school in the requested district) ▪ Copy of sibling’s last report card ▪ Copy of sibling’s release permit from the District of Residence
Specialized Program	<ul style="list-style-type: none"> ▪ Letter of acceptance into the program. ▪ Letter from parent/guardian expressing the extent of the student’s interest in the specialized program, and how the program is either unavailable or not comparable at the District of Residence
Continuing Enrollment	<ul style="list-style-type: none"> ▪ Copy of student’s last report card (other forms of proof? Ex: student’s demographics, student data sheet, etc) ▪ Letter from parent/ guardian stating the enrollment history (grade and school/district) of the student since kindergarten
Final Year	<ul style="list-style-type: none"> ▪ Copy of student’s last report card

- An Interdistrict permit is granted or denied per the terms and conditions stipulated in a SUSD’s board policy. ▪ Approval by the SUSD is subject to space availability in the district and the district’s capacity to provide special education services, if applicable.
- Approval may not be at the school site requested.
- Students who are eligible for Special Education Services Interdistrict Agreement will be reviewed by the SUSD’s SELPA. ▪ A permit may be denied, revoked, or rescinded at any time by the SUSD for the following reasons:
 - Student is excessively tardy or absent from school, or is brought to school excessively early or left excessively late.
 - Student fails to uphold appropriate behavior standards.
 - Student fails to make appropriate academic efforts.
 - False or misleading information was provided.
 - Other conditions that occur that would render continuance unadvisable.
- Once an interdistrict permit has been granted, it is only granted for one school year. Students in grades K thru 10 must apply for a new interdistrict attendance permit yearly. SUSD shall not rescind existing interdistrict attendance permits for continuing students entering grade 11 or 12 in the subsequent school year, except for revocation reasons stated above.
- If the student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/Guardian should check the CIF rules before submitting this application.
- No financial obligation shall be incurred by the SUSD for services rendered under this agreement unless otherwise agreed to between the District of Residence and the District of Attendance.
- The parent/ guardian is responsible for providing transportation to and from school for all students, unless otherwise required by law for certain special education students.

If approved by the Requested District, this document is the Interdistrict Attendance Transfer Agreement between the two districts, subject to the terms listed above, on any applicable policies of either district.

IDA DENIALS MAY BE APPEALED TO THE SAN JOAQUIN COUNTY OFFICE OF EDUCATION WITHIN 30 DAYS OF DENIAL. See www.sjcoe.org for Interdistrict Attendance Appeal Handbook or call the SJCOE (209)468-4800.