

## Inter-District Transfer Request +

**Requesting to leave the Mountain View Whisman School District (MVWSD), completing an Inter-district transfer form:**

For **NEW** Requests: \$

After the decision from both school districts has been given, you **MUST REGISTER** with the school district your child will be attending. Contact the school district if you have any registration questions.

For **RENEWAL** Requests: \$

You **DO NOT** need to re-register your child at the requested school district. However, you need to submit an Interdistrict Transfer Permit every school year.

Processed on a biweekly basis (16th and 30th/31st of each month); subject to change without notice.

This original Interdistrict Transfer form will be sent onto the school district you are requesting. That school district will notify you by mail of their decision.

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I understand and I accept the above.

\_\_\_\_\_  
Signature of Parent/Guardian !

\_\_\_\_\_  
Date

# Inter-District Transfer Request

Mountain View Whisman School:	School year: <input type="checkbox"/> NEW 20__ - 20__ <input type="checkbox"/> RENEWAL
District Requested:	School Requested:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

<b>SPECIAL SERVICES</b> (Required: attach a copy of IEP or 504 Plan):	
<input type="checkbox"/> Speech	<input type="checkbox"/> RSP <input type="checkbox"/> Special Day Class <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
Approved <input type="checkbox"/>	Denied <input type="checkbox"/> Reason: _____
Signature of Special Education Administrator: _____ Date: _____	

**REASON(S) FOR THE REQUEST:**

Check one or more of the reasons for the request listed below, if necessary, use the space to the right to further explain. The criteria used by this district for evaluating requests are available upon request. Attach supporting documentation if required.

Reason(s) for the Request	Explanation
<input type="checkbox"/> Child Care	
<input type="checkbox"/> Change of Residence – Date of move: _____	
<input type="checkbox"/> Employment within the District (Verification letter required)	
<input type="checkbox"/> Other _____	

**PARENT/GUARDIAN STATEMENT OF UNDERSTANDING**

In making this request, I understand the following conditions: 1) approval by both districts is required; 2) the district requested may investigate the student's attendance, behavior and academic records before acting on the request; 3) if granted, this permit will be active for one (1) school year and will remain active only if the student meets the attendance, behavior and academic requirements of the district requested; 4) if the permit is granted, the student and parent/guardian will be expected to cooperate with school personnel; 5) if the permit is granted, the parent/guardian will be responsible for the student's transportation to and from school; and 6) if the request is denied by either school district, and all appeal rights have been exhausted in the district, I have the right to appeal the decision to the Santa Clara County Board of Education. I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above-stated conditions.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

**FOR OFFICE USE - DECISION OF INVOLVED DISTRICTS**

**DISTRICT OF RESIDENCE-MVWSD**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone 650-526-3500 Ext: \_\_\_\_\_ Fax 650-969-1167

**DISTRICT OF REQUEST**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

