

For Office Use Only  
Date Received \_\_\_\_\_  
Initial \_\_\_\_\_

**WILLITS UNIFIED SCHOOL DISTRICT**  
**1277 Blosser Lane, Willits, CA 95490**  
**(707) 459-5314, Fax (707) 459-7862**

**REQUEST FOR INTERDISTRICT TRANSFER**

Date: _____	For School Year: _____	New: ____	Renewal: ____
Student Name: _____	Grade: _____	District of Preference: _____	
Parent/Guardian Name: _____	School of Preference: _____		
Physical Address: _____	Mailing Address: _____		
City: _____	Home Phone: _____	Work Phone: _____	

<u>Reason for Transfer Request</u> *MUST PROVIDE WRITTEN VERIFICATION
____ Child Care*
____ Parent/Guardian Employment*      Employer _____
____ Other (specify) _____

**TERMS OF AGREEMENT:**

An interdistrict transfer /reciprocal agreement is when parents/guardians wish to register/admit/enroll their student(s) at a school other than the designated school that is in their attendance area outside their district.

California Education Code sections 46600-46601 (Outside Source) permits parents/guardian to request an interdistrict transfer/reciprocal agreement. The fundamental basis for this provision is the signing of an agreement between districts. Interdistrict transfer/reciprocal agreement must be approved by both the student's original district of residence and the district to which the student seeks to transfer to. Both districts must approve the agreement before it becomes valid. The agreement may extend for a maximum of five consecutive years and may include terms or conditions. It is within the authority of either the home district or the receiving district to revoke an interdistrict transfer/reciprocal agreement at any time for any reason the local board or district superintendent deems appropriate.

If a request for an interdistrict transfer/reciprocal agreement is denied, the student's parents/guardians may file an appeal to the county office of education in the student's district of residence within 30 days of receipt of the official notice of denial of the transfer. The parent/guardian or student must provide transportation. The average daily attendance shall be credited to the District of Attendance for purposes of determining state apportionments and the revenue limit. As the parent/guardian of the above named student(s), I hereby request that the Willits Unified School District Board of Trustees approve this transfer.

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

<b>ACCEPTING DISTRICT TO COMPLETE AND RETURN TO THE WILLITS UNIFIED SCHOOL DISTRICT</b>	
<b>WILLITS UNIFIED SCHOOL DISTRICT</b>	<b>ACCEPTING DISTRICT</b>
APPROVED: ____ DENIED: ____	APPROVED: ____ DENIED: ____
BY: _____	BY: _____
Superintendent or Designee	Superintendent or Designee
Board Approved (date): _____	Board Approved (date): _____