**HESPERIA UNIFIED SCHOOL DISTRICT**
**15576 MAIN STREET**
**HESPERIA, CA 92345**
**(760) 244-4411**

# REQUEST FOR INTERDISTRICT TRANSFER PERMIT

☐ **CURRENT SCHOOL YEAR: 2020-2021 OR**
☐ **NEXT SCHOOL YEAR: 2021-2022**

Student will be in the ____ grade for the above school year.

**Student Name:** _____ **Birth Date:** _____

**Mailing Address:** _____ **City, State, & Zip:** _____

**Residence Address:** _____ **City, State, & Zip:** _____

**Parent/Guardian:** _____ **Telephone:** _____

Is the student currently receiving special education services? Yes ___ No ___

Is the student currently serving a term of expulsion? Yes ___ No ___

Expulsion charges: _____ (Information will be verified)

School **Desired** To Attend: _____

**Current School** of Residence: _____

School Student now attends/last attended: _____

**Reason(s) for transfer request:** _____

_____

**TERMS AND CONDITIONS**

I declare under penalty of perjury that the above information is accurate to the best of my knowledge. I further acknowledge that attendance in a non-resident district is a privilege and not a right. I understand that the student named herein will be transferred back to his/her district of residence if facilities are not available in the district the student wishes to attend or for unsatisfactory attendance, unsatisfactory scholarship, unsatisfactory citizenship, failure to disclose excess cost program needs or disciplinary status (expulsion) information, or for any other reasons as determined by District policy at any time (E.C.46600). Note: Excess costs may relate to, but are not necessarily limited to, space available, specific program needs, limits on enrollment in specific grades or programs, and staffing. I understand that this form will be provided to the district of residence, the district of desired attendance, and that the information provided is subject to verification.

_____ _____
Parent/Guardian Signature (Proof of guardianship may be required) (Date)

**The above named student's Request for Interdistrict Attendance is approved subject to parents' assuming full responsibility for providing transportation.**

Releasing District: _____ Receiving District: _____

Date: _____ Approved: ____ Denied: _____ Date: _____ Approved: ____ Denied: _____

By:_____ By: _____
Name Name

Isaac Newman-Gomez, Director – Student Services _____
Typed Name/Title Typed Name/Title rev. 9/2020

White: Receiving District Canary: Releasing District Pink: Receiving School Goldenrod: Parent