Ravenswood City School District
Interdistrict Transfer Application and Agreement

☐ New Request ☐ Renewal
For School Year: 20_____ - 20_____
Date of Request: _____

This form is used by parents/guardians requesting a permit allowing their children to attend school in another district rather than the district in which they live. Transfer requests made because a parent/guardian works in the requested district are known as Allen Bill Request; these requests are subject to specific Education Code provisions.

DISTRICT OF RESIDENCE: RAVENSWOOD CITY SCHOOL DISTRICT
DISTRICT REQUESTED: _____
(District of Desired Attendance)
Current School of Enrollment (if any): _____
Student Last Name: _____ Student First Name: _____
Date of Birth: _____ Applying for Grade: _____
Parent/Guardian Name: _____
Current Address: _____
Street/Apt. # City Zip Code
Home Phone: _____ Work Phone: _____

Basis for Request to Transfer:
☐ Former Resident ☐ Employment within the District (Employment verification letter required)
☐ Child Care Provider ☐ Other, please specify in a letter: _____
Child Care Provider Name: _____ Phone: _____ Address: _____

Student Information:
Does this student have siblings? .....Yes ____ No _____If yes, please list age(s) and the school(s) they currently attend.
_____
Has this student ever been expelled?.....Yes ____ No _____If yes, date(s) of expulsion: _____
Is this student currently pending disciplinary action?.....Yes ____ No _____
(If the student receives special services, indicate which type below)
Is this student currently in Special Education?.....Yes ____ No _____If yes, attach copy of IEP for review.
☐ Specific Learning ☐ Speech ☐ Other ☐Pending Assessment
Does this student have a 504 status? .....Yes ____ No _____If yes, please explain _____
Other: _____

Attach any other documents or information that you would like the school district to consider.

I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the stated conditions. I understand that the information provided is subject to verification and the mere act of completing this application and providing all the required documentation does not guarantee that the request will be approved.
FALSIFICATION OF ANY INFORMATION INVALIDATES THIS TRANSFER APPLICATION AND AGREEMENT.

_____ _____
Signature of Parent/Guardian Date

FOR OFFICE USE - DECISION OF INVOLVED DISTRICTS

To be completed by district of Residence – **Ravenswood City School District (650) 329-2800 Ext. 60164 / Fax (650) 323-9319**	District of Request
Action of District of Residence ☐ Release Approved ☐ Release Denied If approved, term of agreement (maximum of 5 years or until child is age-eligible to change school of enrollment (e.g. advances to middle school) **Conditions of Approval (if applicable):** ☐ Student must reapply annually ☐ Other requirement for reapplication (list):_____ **Standards under which the agreement may be revoked (if applicable):** ☐ Ravenswood City School District will not be responsible for additional costs. ☐ Other conditions of approval:_____ This district also consents to the additional terms and requirements of the School District of Desired Attendance and deems them to be part of the two districts' agreements. By_____ Authorized Representative Superintendent / Designee_____ Title Date	Action of District of Desired Attendance ☐ Release Approved ☐ Release Denied If approved, term of agreement (maximum of 5 years or until child is age-eligible to change school of enrollment (e.g. advances to middle school) **Conditions of Approval (if applicable):** ☐ Student must reapply annually ☐ Other requirement for reapplication (list):_____ **Standards under which the agreement may be revoked (if applicable):** ☐ Student must maintain a 2.0 GPA or higher ☐ Student must maintain good behavior and attendance ☐ Violation of school rules may result in transfer back to school of residence ☐ Other conditions of approval:_____ This district also consents to the additional terms and requirements of the School District of Desired Residence above and deems them to be part of the two districts' agreements. By_____ Authorized Representative _____ Title Date

Education Code section 46601 provides for an appeal to the County Board of Education with 30 calendar days when either school district

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Este formulario es utilizado por los padres / tutores cuando solicitan un permiso que permite que sus hijos asistan a una escuela en otro distrito en vez de asistir a una en el Distrito en el cual viven. La solicitud de transferencia porque un padre / tutor trabaja en el Distrito solicitado, es conocida como: Petición Allen Bill; Esta petición está sujeta a las provisiones específicas del Código de Educación.

DISTRITO DE RESIDENCIA: RAVENSWOOD CITY SCHOOL DISTRICT
DISTRITO SOLICITADO: _____
(Distrito al que desea asistir)
Escuela a la que actualmente asiste (si alguna): _____
Apellido del Estudiante: _____ Nombre del Estudiante: _____
Fecha de Nacimiento: _____ Solicitud de Grado: _____
Nombre del Padre / Tutor: _____
Domicilio Actual: _____
Calle / # de Apartamento Ciudad Zona Postal
Número de Teléfono: Casa: _____ Trabajo: _____

Bases para la Petición de Traslado:
☐ Residencia Previa ☐ Empleado dentro del Distrito (requiere verificación de empleo)
☐ Proveedor de Cuidado ☐ Otro, especifiquelo en una carta : _____
Nombre del Proveedor de Cuidado: _____ Teléfono: _____ Domicilio: _____

Información del Estudiante:
El estudiante tiene hermanos? ..... Si _____No _____ Si sí, por favor liste la(s) edad(es) y la(s) escuela(s) a la (s) que actualmente asiste (n) _____
Este estudiante ha sido expulsado?..... Si _____No _____ Si, sí, fecha (s) de expulsion (es): _____
Tiene este estudiante actualmente una acción disciplinaria pendiente Si _____No _____

(Si el estudiante recibe Servicios Especiales indique abajo que tipo.)
Este estudiante está actualmente en Educación Especial? ..... Si _____No _____ Si sí, adjunte una copia del IEP para revisarlo.
☐ Aprendizaje Especifico ☐ Habla ☐ Otro ☐ Evaluación Pendiente
Tiene este estudiante estatus 504 ?..... Si _____No _____ Si sí, por favor explique_____
Otro: _____

Adjunte cualquier otro documento o información que a usted le gustaría que el Distrito considere.

Por la presente certifico que la información proveída arriba del estudiante, padre y tutor es correcta; entiendo y estoy de acuerdo a las condiciones indicadas. Entiendo que la información proveída está sujeta a verificación y el mero hecho de completar esta solicitud y proveer toda la documentación requerida, no garantiza que la solicitud sea aprobada.
FALSIFICACIÓN DE CUALQUIER INFORMACIÓN ANULA ESTA SOLICITUD DE TRANSFERENCIA Y ACUERDO.

_____ _____
Firma del Padre o Tutor Fecha

PARA USO DE LA OFICINA- DECISIÓN DE LOS DISTRITOS INVOLUCRADOS

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