Adelanto Elementary School District
11824 Air Expressway, Adelanto CA 92301

INTER-DISTRICT TRANSFER AGREEMENT

Must be completed by parent/guardian   Transfer Request:

Request for School Year:	Date of Request	Birth Date
Student Name (First and Last)	**Grade:**	
Current or Last School of Attendance:	Current or Last District of Attendance:	
School of Residence:	District of Residence: **Adelanto Elementary School District**	
School Requested:	District Requested:	
Parent/Guardian Name:	Home Number:	
Email Address:	Cell Number:	
Address:	City/Zip:	
Is the student currently pending disciplinary action or under an expulsion order?		
Is student receiving Special Education services (IEP)? If yes, what is their current placement?		
What is/are the reason(s) for the request?		

Initial on each line below agreeing to terms and conditions:

_____ This agreement is valid for five years or next grade span.

_____ This agreement may be revoked at any time by the district of attendance for the following reasons:
  - Student is excessively tardy or absent from school, or student is brought to school excessively early or left excessively late.
  - Student fails to uphold appropriate behavior standards.
  - Student has poor academic performance.
  - False or misleading information was provided.
  - Student or parent fails to follow school or district policies.

_____ Approval is subject to space availability in the district and may not be at the site requested.

_____ **No financial obligation shall be incurred by the district of residence for services rendered under this agreement.**

_____ **The parent/guardian is responsible for providing transportation to and from school.**

_____ I understand that if my child is on an inter-district transfer this does not guarantee approval for the feeder school for the next level
   (e.g. elementary to intermediate)

Parent/ Guardian Signature: _____   Relationship to Student: _____

Releasing District: **Adelanto Elementary School District**	**Proposed District of Attendance**
Decision: Approved Denied Date: _____	Decision: ☐ Approved ☐ Denied
Comment: _____	Comments:_____
Signature:_____ _____	_____
**	Authorizing Signature_____
Decision: Approved Denied Date:_____	Title: _____
Comment: _____	District:_____
Director of Special Education	Date: _____