

College Elementary School District
3525 Pine Street, Santa Ynez, CA 93460
(805) 686-7300 FAX (805) 686-7305

REQUEST FOR INTER-DISTRICT TRANSFER
 Inter-district transfers **MUST** be renewed every year
 School Year: 20_____ - 20_____
Please complete one form per child

New Applicant

Renewal

Student Name _____	Date of Birth _____	Grade _____ <i>(for year requested)</i>
Physical Address _____		
Street	City	Zip
Mailing Address _____		
Street/PO Box	City	Zip
Parent/Guardian Name _____		
Parent/Guardian Phone: Home/Cell _____		Email _____
Resident School District _____		School _____
Last School Attended _____		
Requested District _____		School _____
REASON(S) FOR THE REQUEST <i>(Please check all that apply)</i>		
<input type="checkbox"/> Currently Enrolled	<input type="checkbox"/> Have Sibling(s) at this School	<input type="checkbox"/> Childcare
<input type="checkbox"/> Other _____	<input type="checkbox"/> Parent Employment	

SPECIAL SERVICES	
Does your child receive Special Education services? <input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please check which services)
<input type="checkbox"/> Special Day Class <input type="checkbox"/> Resource <input type="checkbox"/> Speech and Language	<input type="checkbox"/> 504 Plan <input type="checkbox"/> Counseling

Parent/Guardian Signature _____ Date _____

For Resident School Office Use Only
<input type="checkbox"/> Granted
<input type="checkbox"/> Denied
Denial due to: _____
By: _____
Title: _____
Date: _____

For Requested School Office Use Only
<input type="checkbox"/> Granted
<input type="checkbox"/> Denied
Denial due to: _____
By: _____
Title: _____
Date: _____