

# Woodlake Unified School District

## Interdistrict Transfer Request

Please return this form to:  
300 West Whitney Ave.  
Woodlake, CA 93286  
(559) 564-8081 x.11

\_\_\_\_\_ New Request

\_\_\_\_\_ Renewal

School Year \_\_\_\_\_ - \_\_\_\_\_

Student's Name	Grade Level For the Requested Year	Birth Date

The undersigned parents residing in the Woodlake Unified School District, hereby request authorization for the following child(ren) to attend school in the \_\_\_\_\_ school.

(Name of district)

School District, \_\_\_\_\_ (Name of school)

Specific Reason for Transfer: \_\_\_\_\_

- The receiving school district agrees to furnish said pupil(s) the same advantages, equipment, supplies, and services as furnished to other pupils in attendance at this school, **excluding** transportation.
- The parent(s) and student(s) agree to observe all rules and regulations of the receiving school district. Violation of these rules may be grounds to void the agreement. This **Agreement** is effective only for the current school year and neither party is bound by said **Agreement** or any of the covenants herein contained after the expiration of said school year.
- **Interdistrict Agreements may be cancelled at any time during the school year due to unsatisfactory attendance, poor scholastic progress or negative behavior of students. Parents must resubmit Interdistrict Agreements each year for re-approval.**

### USE THIS SECTION ONLY IF TRANSFER REQUEST IS BASED ON EMPLOYMENT

Name of Employer: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Address of Employer: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Contact Person for Verification: \_\_\_\_\_ Phone: \_\_\_\_\_

(For Office Use Only)

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that the above-named student(s) be deemed to meet residency requirements for attendance in the requested school district based on the fact that I am physically employed within the boundaries of the District. I understand that I am required to provide verification of my employment each school year, and that I am obligated to notify the District immediately if I cease to be employed within the District.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street Address City State Zip Code

Parent's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Woodlake Unified School District	Accepting School District
<p>Release: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____</p> <p><i>Signature of Superintendent</i></p> <p>_____</p> <p><i>Date</i></p>	<p>_____ School District</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____</p> <p><i>Signature of District Representative</i></p> <p>_____</p> <p><i>Title</i> _____ <i>Date</i> _____</p>

Comments: \_\_\_\_\_