



School Year: 20__-20__

Interdistrict Attendance (IDA) TRANSFER REQUEST

Parent/Guardian: Please fill out one each per student (IDA Form 1 and IDA Form 2). As a resident of Manteca Unified School District and the Parent/Guardian of the student listed below, I am requesting his/her transfer out of the Manteca Unified School District.

Note: Districts do not provide transportation under an Interdistrict Attendance (IDA) TRANSFER AGREEMENT (Form 2). Approval and revocation by the requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. IDA transfers may not be guaranteed for all siblings.

Date Submitted to CWA: _____

Student's Name: _____ Date of Birth: _____

Student's Current School of Attendance: _____ Current Grade: _____

Requested District: _____ Requested School: _____

List other school-age children (name/grade): _____

Name of Parent/Guardian: _____ Signature: _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____ Cell: _____

Does student receive special education services? Yes No If yes, list services? _____

Does student have a 504 plan? Yes No

Is student an English Language Learner? Yes No

Is student currently expelled, pending expulsion or expelled within the last year? Yes No

Reason for Transfer Request (Check reason and explain fully):

1. Parent's employment is located within attendance boundaries of requested District. If checked, complete the following:

Parent's Employer/Company Name: _____ Employer Phone: _____

Employer's Address: _____

2. Family is moving into boundaries of requested District. Projected date of move: _____

Address of New Residence: _____ City: _____ Zip: _____

3. Other (e.g. transportation, child care, etc.): _____

DISTRICT OF RESIDENCE: MANTECA UNIFIED SCHOOL DISTRICT

This IDA Transfer Request is APPROVED and will be referred to the Requested District for consideration. This IDA TRANSFER REQUEST (Form 1) and the IDA TRANSFER AGREEMENT (Form 2) will be sent to the Requested District with transcript/report card, attendance and discipline information, if applicable. IDA renewal is required each school year for students entering grades K-12.

The IDA Transfer Request is DENIED. Disapproval by either District may be appealed to the San Joaquin County Office of Education within 30 days of denial (see IDA Appeal Handbook at www.sjcoe.org or call (209)468-4800). Reason: _____

Signature of District Representative _____ Title Director, Child Welfare and Attendance Date _____