



IDA Form 3

Manteca Unified School District

School Year: 20 ____ - 20 ____

Interdistrict Attendance (IDA) TRANSFER CONTRACT (District Employees)

Name of Student Date of Birth Grade Requested School

District of Residence: Current School:

The Governing Board of Manteca Unified School District has entered into an agreement with the above named student's District of Residence to allow the Student to attend school within the boundaries of Manteca Unified School District.

- 1. The Interdistrict Attendance (IDA) TRANSFER AGREEMENT is valid for the duration of one school year. IDA renewal is required each school year for students entering grades K-12.
2. Enrollment and completion of the school year under an approved Interdistrict Attendance (IDA) TRANSFER AGREEMENT is contingent upon satisfactory attendance, behavior, and academic achievement of the student involved...
3. The transfer will be voided if you leave employment with MUSD.
4. The District does not provide transportation under an Interdistrict Attendance (IDA) TRANSFER AGREEMENT.
5. IDA agreements are accepted on a space-available basis. No student currently residing within a school's attendance area shall be displaced by your child.
6. The Interdistrict Attendance (IDA) TRANSFER AGREEMENT may be revoked for violation of California Penal Code and Education Code, MUSD Policies, and/or school or classroom rules. Interdistrict transfer students are to comply with the following:
a) Student must maintain a satisfactory record of attendance, behavior, and academic achievement.
b) Approval of this transfer does not guarantee athletic eligibility at the school of choice. All student transfers are subject to California Interscholastic Federation (CIF) bylaws (206, 207).

Thank you for your cooperation in this very important area of Parent/Student responsibility.

PARENT/GUARDIAN:

We have read the above Interdistrict Attendance (IDA) TRANSFER CONTRACT and understand that the Interdistrict Attendance (IDA) TRANSFER AGREEMENT may be revoked for failure to adhere to the terms listed above.

District Employee's Name (Please Print) District Employee's Signature Date

District Employee's Home Address (Please Print) City Zip Code

District Employee's Work Location Phone

RECEIVING SCHOOL (Forward original IDA form #3 to CWA)

APPROVED Principal (Printed Name and Signature):

DENIED Reason: Date:

DISTRICT OFFICE USE ONLY Approved Denied: Reason

Rupinder Bhatti, CWA Director: Date: