



# GUADALUPE UNION SCHOOL DISTRICT

## INTER-DISTRICT BOUNDARY TRANSFER REQUEST

Academic School Year ☐ 2021/22 ☐ 2022/23 ☐ 2023/24

☐ I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5)  
☐ E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f))

☐ New  
☐ Renewal

### STUDENT AND PARENT INFORMATION:

Student Name: _____	District Requested: _____
Date of Birth: _____	Grade Requested: _____
	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian Name: _____	School Requested: _____
Home Address: _____	
Home Phone: _____	Cell Phone: _____
	Work Phone: _____
Employer Name/Address: _____	

### REASON(S) FOR THE REQUEST:

Please check one or more reasons for the request. Attach supporting documentation if required.

☐ Change of Address – Date of Move \_\_\_\_\_

☐ Sibling attending Guadalupe Union School District

Name \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

☐ Employment – Attach proof of employment (letter on company letterhead/paystub)

☐ Other – Please explain (If necessary, use back of form for further explanation.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PARENT/GUARDIAN STATEMENT:

In making this Inter-District Boundary Agreement, I understand the following conditions:

1. Approval by both districts is required.
2. If granted, this Inter-District Boundary Agreement may require annual renewal.
3. Students may be required to change schools due to excessive school enrollment or the redrawing of attendance boundaries.
4. This Inter-district Boundary Agreement may be revoked at any time for unacceptable attendance, behavior issues and/or not adhering to school rules and policies.
5. Parent/Guardian is responsible for transportation to and from school.
6. If this request is denied, you have the right to appeal the decision to the Santa Barbara County Board of Education.

I hereby certify that the student and parent/guardian information provided above is accurate and I understand and agree to the above stated Inter-District Boundary Agreement conditions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DISTRICTS' DECISIONS:

<b>DISTRICT OF RESIDENCE:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/>	<b>DISTRICT REQUESTED:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Reason(s) for decision, if denied: _____	Reason(s) for decision, if denied: _____
By: _____ Date: _____	By: _____ Date: _____
Title: _____	Title: _____