

For Office Use Only  
Date Received \_\_\_\_\_  
Initial \_\_\_\_\_

**LAYTONVILLE UNIFIED SCHOOL DISTRICT**  
**P.O. Box 868 150 Ramsey Road Laytonville CA 95454**  
**(707) 984-6414 – (707) 984-8223 FAX**

**REQUEST FOR INTER-DISTRICT TRANSFER**

Date: \_\_\_\_\_ For School Year(s): \_\_\_\_\_  
Student Name: \_\_\_\_\_ New: \_\_\_\_\_ Renewal: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ For Grade: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ District of Preference: \_\_\_\_\_  
City: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School of Preference: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Reason for Transfer Request (\*MUST PROVIDE WRITTEN VERIFICATION)**

\_\_\_\_ Child Care\*  
\_\_\_\_ Parent/Guardian Employment \* Employer \_\_\_\_\_  
\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_

**TERMS OF AGREEMENT:**

An interdistrict transfer/reciprocal agreement is when parents/guardians wish to register/admit/enroll their student(s) at a school other than the designated school that is in their attendance area **outside** of their district.

California [Education Code sections 46600-46601](#) (Outside Source) permits parents/guardians to request an interdistrict transfer/reciprocal agreement. The fundamental basis for this provision is the signing of an agreement between districts. Interdistrict transfer/reciprocal agreement must be approved by both the student's original district of residence and the district to which the student seeks to transfer to. Both districts must approve the agreement before it becomes valid. The agreement may extend for a maximum of five consecutive years and may include terms or conditions. It is within the authority of either the home district or the receiving district to revoke an interdistrict transfer/reciprocal agreement at any time for any reason the local board or district superintendent deems appropriate.

If a request for an interdistrict transfer/reciprocal agreement is denied, the student's parents/guardians may file an appeal to the county office of education in the student's district of residence within 30 days of receipt of the official notice of denial of the transfer. The parent/guardian or student must provide transportation. The average daily attendance shall be credited to the District of Attendance for purposes of determining state apportionments and the revenue limit. As the parent/guardian of the above named student(s), I hereby request that the Laytonville Unified School District Board of Trustees approve this transfer.

Parent/Guardian's Signature: \_\_\_\_\_

**ACCEPTING DISTRICT TO COMPLETE AND RETURN TO THE LAYTONVILLE UNIFIED SCHOOL DISTRICT**

**LAYTONVILLE UNIFIED SCHOOL DISTRICT**

**ACCEPTING DISTRICT** \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

By: \_\_\_\_\_  
Superintendent or Designee

By: \_\_\_\_\_  
Superintendent or Designee

Board Approved (date): \_\_\_\_\_

Board Approved (date): \_\_\_\_\_