

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
EDUCATIONAL SERVICES
1500 Lizzie Street
San Luis Obispo, CA 93401-3062
Phone: 805-549-1205 Fax: 805-549-9074**

**REQUEST FOR INTERDISTRICT TRANSFER
For the 2018-2019 School Year**

DEAR PARENT/GUARDIAN: Please complete a separate transfer request form for each child and submit to Assistant Superintendent for Educational Services at the above address or via fax.

Please note the following:

- the transfer process may take up to three weeks;
- student should not withdraw from his or her current school and should continue attending on a regular basis until approval process is complete; and
- release from San Luis Coastal Unified School District, if approved by the Assistant Superintendent for Educational Services, does not guarantee approval by the receiving district.

SLCUSD SCHOOL OF RESIDENCE: _____	
DISTRICT REQUESTED: _____	
SCHOOL REQUESTED: _____	
<input type="radio"/> NEW REQUEST <input type="radio"/> RENEWAL SPECIAL ED: YES <input type="radio"/> NO <input type="radio"/> IEP: YES <input type="radio"/> NO <input type="radio"/> 504: YES <input type="radio"/> NO <input type="radio"/>	
STUDENT NAME: _____ MALE <input type="radio"/> FEMALE <input type="radio"/>	
BIRTH DATE: _____	AGE: _____ GRADE IN 2018 - 2019: _____
PARENT(S) NAME: _____	
HOME ADDRESS: (Street) _____	
(City, Zip Code) _____	
MAILING ADDRESS, IF DIFFERENT: _____	
TELEPHONE: (HOME) _____	(WORK) _____

REASON FOR REQUEST (Please explain completely your reasons for this request. Be sure to include any special needs that your child may have, including physical, curricular, or special education. Please submit any support documentation with this request or make it available upon request.)

I/WE CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

DATE

PARENT SIGNATURE

DATE

PARENT SIGNATURE

[IF DIVORCED AND A JOINT CUSTODY SITUATION, BOTH PARENTS ARE REQUIRED TO SIGN]

DATE RECEIVED: _____	BY _____
----------------------	----------