



**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 2020-2021 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: \_\_\_\_\_

**NEW REQUEST**    **RENEWAL**      **SPECIAL ED:** YES  NO    **IEP:** YES  NO    **504:** YES  NO

STUDENT NAME: \_\_\_\_\_ MALE  FEMALE  NON-BINARY

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN 2020 - 2021: \_\_\_\_\_

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 \_\_\_\_\_