



School Year: 20 \_\_\_\_ -20 \_\_\_\_

Interdistrict Attendance (IDA) TRANSFER REQUEST

Parent/Guardian: Please fill out one each per student (IDA Form 1 and IDA Form 2). As a resident of Manteca Unified School District and the Parent/Guardian of the student listed below, I am requesting his/her transfer OUT of the Manteca Unified School District.

Note: Districts do not provide transportation under an Interdistrict Attendance (IDA) TRANSFER AGREEMENT (Form 2). Approval and revocation by the requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. IDA transfers may not be guaranteed for all siblings.

ALL BLANKS in the parent section MUST be completed. If you have questions, call (209)858-0867 or (209)858-0762.

Date Received by Student Services: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Current School of Attendance: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Requested District: \_\_\_\_\_ Requested School: \_\_\_\_\_

List other school-age children (name/grade): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does the student receive special education services? Yes No If yes, list services? \_\_\_\_\_

Does the student have a 504 plan? Yes No

Does the student have an SST? Yes No

Is the student an English Language Learner? Yes No

Is the student currently expelled, pending expulsion or expelled within the last year? Yes No

Reason for Transfer Request (Check reason and explain fully):

1. \_\_\_\_\_ Parent's employment is located within attendance boundaries of requested District. If checked, complete the following:

Parent's Employer/Company Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

2. \_\_\_\_\_ Family is moving into boundaries of requested District. Projected date of move: \_\_\_\_\_

Address of New Residence: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

3. \_\_\_\_\_ Other (e.g. transportation, child care, etc.): \_\_\_\_\_

DISTRICT OF RESIDENCE: Manteca Unified School District

This IDA Transfer Request is APPROVED and will be referred to the Requested District for consideration. This IDA TRANSFER REQUEST (Form 1) and the IDA TRANSFER AGREEMENT (Form 2) will be sent to the Requested District with transcript/report card, attendance and discipline information, if applicable. In accordance with EC46600-46607, the attendance of pupils covered by this agreement shall be credited to the School District of attendance for apportionment purposes. No financial obligation shall be incurred by the District of residence for services rendered under this agreement. IDA renewal is required each school year for students entering grades K-12.

The IDA Transfer Request is DENIED. Disapproval by either District may be appealed to the San Joaquin County Office of Education within 30 days of denial (see IDA Appeal Handbook at www.sjcoe.org or call (209)468-4800). Reason: \_\_\_\_\_

Signature of District Representative \_\_\_\_\_ Title Director, Student Services Date 07-23-2021