



Child Welfare Attendance and Safety Office  
3105 G Street Merced, CA 95340  
PO Box 2147, Merced, CA 95344  
209-385-6514 (Fax 209-385-8042)

## Request for Interdistrict Transfer

TO THE GOVERNING BOARDS OF THE FOLLOWING:

Requested School	Requested District
Residing School	Residing District

**We request permission for the following pupils:**

Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____
Name _____	DOB _____	Grade _____

**To attend school in the first named district while residing in the second named district for the following reasons:**

\_\_\_\_\_

\_\_\_\_\_

Do any of the above pupils require a special program?       Yes       No

If special program is required, please list: \_\_\_\_\_

I hereby certify that I am the:     Parent                       Legal Guardian                       Other

If Other, please specify: \_\_\_\_\_

**Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both. This school district investigates all residing statements (Penal Code 118, 126, 127) By signing this form we acknowledge that we have read and understand the conditions above.**

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Wk# \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



### AGREEMENT

*The Governing Boards hereby agree to permit attendance in the requested district of the above named student(s) for the school year (20\_\_\_\_ - 20\_\_\_\_), subject to the following terms: Satisfactory grades, attendance and behavior. Application must be renewed annually.*

#### Residing District

Approved by:
Date:
Child Welfare & Attendance
Merced Union High School District

#### Requested District

Approved by:
Date:

DISTRIBUTION:     District Requested                       District of Residence                       MCOE                       Parent