



INTERDISTRICT REQUEST

Alisal Union School District 2024-25

155 Bardin Rd., Salinas, CA, 93905, (831)753-5700 Ext. 2011

Student Information (Please type or print clearly)

Student's Last Name _____ First Name _____ MI _____ Date of Birth _____ **Current IEP:** Yes No (Special Education)

Street Address _____ City _____ State _____ Zip _____ **Home Phone** _____ **Work Phone** _____

Student's Grade for Requested Year _____ **New or Renewal** School of Residence: Alisal, AVA, Bardin, Chávez, Creekside, Fremont, Frank Paul, Loya, MLK, Sánchez, Steinbeck, VRB, Monte Bella

District and School of Choice: _____ District of Choice _____ School of Choice _____

Sibling Data: Please list all other students you wish to transfer.

Student Name	DOB	Grade for year requested	Current Enrolled at:	IEP	
1.				Yes/No	New or Renewal
2.				Yes/No	New or Renewal
3.				Yes/No	New or Renewal

Reason for request: _____

My signature below indicates that I have read and understand the following conditions:

This interdistrict request may be canceled any time during the school year due to unsatisfactory attendance, tardiness, lack of academic progress, student behavior or class size (based on the Superintendent's or designee's decision). Alisal Union School District will not provide transportation.

I further understand this agreement is contingent upon approval by both districts involved, and that obtaining all necessary signatures on these forms is my responsibility. If the student requires special education services, the agreement will be approved only if the sending district agrees to pay excess costs resulting from the educational needs of the students. A denied Interdistrict Request may be appealed to the Monterey County Board of Education.

*According to BP 5118 transfer applications shall be submitted from, **January 1 through March 1** of the preceding school year for which the transfer is requested.*

I certify that the address given above is my current residence (Proof may be required).

Parent/Guardian Name (Please Print Clearly): _____

Parent/Guardian Signature: _____ **Date** _____

PLEASE RETURN THIS FORM TO EDUCATIONAL SERVICES DEPARTMENT LOCATED AT: 155 BARDIN RD., SALINAS, CA, 93905

Or email to: angela.gutierrez@alisal.org

<u>For District of Residence (Release)</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature _____	Date _____

Rev.11-30-21 AG

<u>For District of Attendance</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Insufficient Space <input type="checkbox"/> Impacted SPED programs School recommendation due to <input type="checkbox"/> Behavior	
<input type="checkbox"/> Grades <input type="checkbox"/> Attendance <input type="checkbox"/> Other	
Signature _____	Date _____