



375 Reina Del Mar Avenue
Pacifica, California 94044
(650) 738-6600 (phone) ♦ (650) 557-9672 (fax)
www.pacificasd.org

PREPARING STUDENTS FOR AN EVOLVING WORLD

INTERDISTRICT TRANSFER APPLICATIONS

THIS FORM IS TO BE USED WHEN A PACIFICA SCHOOL DISTRICT RESIDENT IS REQUESTING A TRANSFER TO A DIFFERENT SCHOOL DISTRICT

FOLLOW THESE DIRECTIONS CAREFULLY ~ INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

STUDENT INFORMATION

- Please print clearly – complete all information
- Give the grade level of the student during the school year for which you are applying
- Complete the **special education section** – check NO if your child does not receive special education services. Check **YES** if your child is already receiving special education services. Check the type of service: Resource Specialist, Special Day Class, and Speech, etc. **and attach a copy of the current IEP.**

REASON FOR TRANSFER

- Preference or convenience is not a valid reason for transfer. Agency provided childcare may be considered if they offer services not available in the Pacifica School District area. Childcare reasons must be verified. Transfer Applications will be considered on a case-by-case basis.

CHILD CARE SECTION

- Complete the Child care portion if that is the reason for the request.
- Have the provider sign the application on the declaration line even if he/she is a member of the family.

RETURNING THE APPLICATION

- **Attach current documentation of your residency within the Pacifica School District boundaries**
- Return the original application to:
Pacifica School District
Student Services
375 Reina Del Mar Avenue
Pacifica, CA 94044
- Transfers are only valid for one school year only. **You must renew annually.**
- Applications for the next school year are available in January.
- Please contact Student Services at 738-6606 with any questions regarding the application.

Transfers approved by the Pacifica School District will be sent to the requested district of attendance. You will receive confirmation from the requested district of attendance.

PACIFICA SCHOOL DISTRICT

STUDENT SERVICES DEPARTMENT - 375 REINA DEL MAR AVENUE - PACIFICA, CA 94044 - (650) 738-6606

INTERDISTRICT TRANSFER APPLICATION FOR GRADES K-8

Transfer Request for school year _____ Transfer Request is _____ New _____ Renewal

Print in Ink or Type - Incomplete applications cannot be processed - Any falsification of information invalidates this application

Student Information	Student's Name _____	Grade Level: _____
	Student's Address _____	Birth Date _____
	Current School of Attendance _____	
	School Desired _____ in School District _____	
	Father/Guardian _____	Home Phone _____ Cell Phone _____
	Father/Guardian's Address _____	
	Mother/Guardian _____	Home Phone _____ Cell Phone _____
	Mother/Guardian's Address _____	
EMAIL: _____		
Is student under an expulsion order or pending an expulsion? _____		
Is the student eligible or enrolled in special programs? _____ If Yes, check all services that apply and attach a recent IEP:		
Resource Specialist _____ Special Day Class _____ Speech/Language _____ Other service: _____		

Reason for Transfer	Reason(s) for Transfer Request (be complete -attach separate sheet if necessary) _____

	Child Care Information (if applicable):
	Is Child Care Located within Attendance Boundaries of the Requested School District? _____
	_____ Is this a family member? _____
	Child Care Provider's Name _____
	Address _____ City / Zip _____
Telephone Number _____ Child Care Hours _____	
Child Care Provider's Signature _____	

1. Attach current documentation of residency within Pacifica School District boundaries (recent utility bill, tax statement)
2. Interdistrict transfers are for one school year only. You must reapply annually.
3. Revocation of a permit may result from falsification of information stated on the permit application, unsatisfactory attendance, behavior, violation of school rules, or poor academic achievement.
4. Initial requests may be denied if school facilities are overcrowded at the relevant grade level or based on other considerations that are not arbitrary.



Parent/Guardian Signature _____ Date _____

For District Use	DISTRICT OF RESIDENCE: Pacifica School District.	DISTRICT OF ATTENDANCE: _____
	Signature of Authorized Official _____ Date _____	Signature of Authorized Official _____ Date _____
	_____ Approved _____ Denied	_____ Approved _____ Denied
	Reason: _____	