

ORCHARD SCHOOL DISTRICT

921 FOX LANE

SAN JOSE, CA 95131

PHONE: (408) 944-0397 MAIL CODE #31

NEW

RENEWAL

FOR SCHOOL YEAR

20\_\_ - 20\_\_

**INTER-DISTRICT**

**PLEASE PRINT**

This form is used by parent/guardians requesting a permit allowing their child to attend school in another district (District Requested) rather than the district in which they live (District of Residence). Special Note: Transfer requests made because a parent/guardian works in the requested district are known as Allen Bill requests. These requests are subject to Special Education Code provisions. If Special Ed needs are later identified, this agreement will need to be renegotiated.

TO BE COMPLETED BY  
PARENT(S)/GUARDIAN(S)

DISTRICT OF RESIDENCE **ORCHARD SCHOOL DISTRICT**

DISTRICT REQUESTED

SCHOOL REQUESTED

STUDENT'S FIRST NAME

STUDENT'S LAST NAME

AGE/FOR GRADE

HOMESCHOOL

M/F/NON-BINARY

STUDENT'S FIRST NAME

STUDENT'S LAST NAME

AGE/FOR GRADE

HOMESCHOOL

M/F/NON-BINARY

STUDENT'S FIRST NAME

STUDENT'S LAST NAME

AGE/FOR GRADE

HOMESCHOOL

M/F/NON-BINARY

LAST SCHOOL ATTENDED

CITY

STATE

IF STUDENT RECEIVES SPECIAL EDUCATION

SERVICES, INDICATE WHICH TYPE BELOW:

PARENTS FIRST NAME

PARENTS LAST NAME

ADDRESS

SPEECH ( )

RESOURCE SPECIALIST PROGRAM ( )

HOME PHONE

WORK PHONE

CELL

SPECIAL DAY CLASS ( )

504 PLAN ( )

**REASON FOR THE REQUEST**

Please check one or more of the reasons and use the space provided for further explanation. Employment and child care reasons should be accompanied with supporting documentation, include childcare's name and phone number. ALL requests need proof of Orchard School District residency.

**REQUEST REASON**

- ( ) Childcare
- ( ) Employment
- ( ) Other
- ( ) Change of Residency

Date of Move \_\_\_\_\_

**Explanation**

**PARENT/GUARDIAN STATEMENT**

In making this request, I understand the following conditions: (1) Approval by both districts is required. (2) the district requested may investigate the student's attendance, behavior, and academic records before acting on the request (academic records not investigated with Allen Bill request); (3) If granted, this permit will be in force for (1) year and remain in force only if the student meets the attendance, behavior, and academic requirements of the district requested. Yearly renewals must be initiated by the parent/guardian; (4) if the permit is granted, the student and parent/guardian will be expected to cooperate with school personnel; (5) if the permit is granted, the parent/guardian will be responsible for the student's transportation to and from school; (6) providing incorrect information or not notifying both districts or District Requested of a change in the information provided will cause this permit to be revoked; (7) if the request is denied by the district, and all appeals rights have been exhausted by the district, I have the right to appeal the decision to the Santa Clara County Board of Education ( no County Board appeal right for Allen Bill Transfers.) I hereby certify that the student and parent/guardian information provided above is accurate and that I understand and agree to the above stated conditions.

**DECISIONS OF AFFECTED DISTRICTS**

DISTRICT OF RESIDENCE

Approved

Denied

Reason(s) for Decision if Denied:

Administrator \_\_\_\_\_ Date \_\_\_\_\_

DISTRICT OF REQUEST

Approved

Denied

Reason(s) for Decision if Denied:

Administrator \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_