



Student Services and School Attendance  
 1465 David E. Cook Way • Clovis, CA 93611-0574  
 Phone: 559-327-9200 • Fax: 559-327-9222

Requested District: _____
For school year: 20____ - 20____
Date of Request: _____

**EXHIBIT NO. 5117**  
**INTERDISTRICT TRANSFER AGREEMENT/PERMIT**

Parent/Legal Guardian: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Explain the reason(s) for the request for interdistrict transfer (you may attach additional pages). Verification is required and must be attached (i.e. Letter from child care provider, proof of residence, doctors notes)**

STUDENT'S LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE REQUESTED	*SPECIAL ED. YES/NO	*EXPULSION YES/NO	SCHOOL REQUESTED	RENEWAL YES/NO

**\*Please describe past or current Special Ed. Services or major discipline issues:**

**TERMS AND CONDITIONS**

- This interdistrict transfer agreement/permit is valid only for the school year granted. The agreement/permit expires at the end of each school year and must be renewed annually.
- This agreement may be revoked at any time by the District of desired attendance for the following reasons:
  - ◆ Student is excessively tardy, absent from school, or brought to school excessively early or left excessively late.
  - ◆ Student fails to uphold appropriate behavior standards or student had poor academic performance.
  - ◆ False or misleading information was provided.
  - ◆ Student fails to follow school rules.
  - ◆ Other: \_\_\_\_\_
- Approval is subject to space availability in the District of desired attendance and may not be at the requested school site.

I declare, under penalty of perjury under the laws of California that the information provided above is true and accurate. I have read the terms and conditions set forth in this agreement and understand the interdistrict transfer regulations and policies for both my district of residence and district of desired attendance. I understand that if approved, this agreement is subject to the terms and conditions in this agreement and that this agreement may be denied or revoked by the District during the school year based on any violations of the terms and conditions. My signature below also indicates my understanding that the sending and receiving school district may request student records before this transfer is processed.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>District of Residence</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  School District: _____ Date: _____  Reason: _____  _____ Signature - Authorized Representative
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<b>District of Request</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  School District: _____ Date: _____  Reason: _____  _____ Signature - Authorized Representative
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\*If denied, appeals may be made at Student Services and School Attendance Administrator first, (559)327-9202. If no action is taken within 30 days, parent/guardian has the right to appeal to the Fresno County Board of Education within 30 days of the denial date or failure to issue an IDT permit/ agreement – (559) 497-3876.