Interdistrict Transfer Agreement

School Year: _____ /_____

☐ **New Request** ☐ **Renewal Request**

EMPLOYMENT

District of Residence:_____

I request that my child(ren) attend school in the _____School District for the _____/_____school year due to parent employment. (Ed Code 48204/b)

PLEASE PRINT
Parent/Guardian/Caregiver (circle one) **Name**:_____

Address:_____**City**:_____**Zip**:_____

Phone Number:(**H**)_____(**W**)_____(**C**)_____

Student's Name:

Last Name	First	DOB	Grade	Special Ed. Yes / No

PLEASE ATTACH A COPY OF YOUR *CURRENT* CHECK/PAY STUB SHOWING EMPLOYER NAME & ADDRESS.
(Please block out confidential information, i.e. social security number, wages, etc.)

Name of Employer:_____Phone:_____

Location:_____
Address City Zip

Name of Supervisor:_____Phone:_____

I verify that the above named parent/guardian/caregiver is employed by the employer indicated above.

_____ _____
Signature of Supervisor Date

I will immediately notify the Washington Unified School District upon any change in my employment status. The noted employer is authorized to release employment information to the Child Welfare and Attendance Branch of the District as provided in this verification.

I understand this verification is valid for one year only and **MUST** be renewed annually by the District of Attendance and the District of Residence; District of Attendance will initiate process for verification and provide documentation to the District of Residence. I understand that transportation is to be provided by the parent/guardian/caregiver.

I declare under penalty of perjury that the foregoing is true and correct. It is understood that, if upon review by both districts, any declaration contained herein is not verifiable to the satisfaction of the Child Welfare and Attendance Branch of the District of Attendance and Washington Unified School District, all entitlements and benefits accrued by such declarations are void and residence of the parent/guardian/caregiver will be deemed the residence of the pupil for school purposes.

Signature of PARENT/GUARDIAN/CAREGIVER:_____DATE:_____