

Date and Time Stamp Received

Morgan Hill Unified School District
Enrollment Center
15600 Concord Circle, Morgan Hill, CA 95037
Phone (408) 201-6030 Email: enrollment@mhUSD.org



Application for Inter-District Transfer
(MHUSD must have a signed agreement with the requested district.)

Request Type:

[ ] New [ ] Renewal For School Year 2018-19 MHUSD District Employee? Yes or NO (circle one)

Residence District
MHUSD School

Requested District
School

Student Birth Date Grade for Year Requested

Parent/Guardian Home Address

Home Phone City/State/Zip

Parent/Guardian Cell Phone Parent/Guardian Email

My child is receiving Special Education: [ ] NO [ ] YES Type (Attach a copy of I.E.P.)

Reason for Inter-District Transfer Request

[ ] Residency Based on Full Time Employment - E.C. 48204 (f) (Attach required employment verification letter)

[ ] Child Care (K-6 Students only - Attach required child care verification letter)

Name of Provider Phone

Address Contact Person

[ ] Former Resident or Future Resident (Circle one and attach required documentation)

Address Date of Move

[ ] Social/Emotional Change (Attach required letter on letterhead from psychologist, probation officer, or physician)

[ ] Transportation (Only applies when residence is in remote area)

[ ] Special Program Offered (Attach required program description)

The Education Code of the State of California requires that children attend school in the district where they live. This permit, if granted, will be valid only for the school year indicated above. This agreement will continue in force only as long as the student's attendance, citizenship, and academic progress are satisfactory. MHUSD will not be responsible for educational program costs or transportation costs. Transportation will be the responsibility of the parent/guardian.

I certify that all statements are true and correct.

Signature parent/guardian

Date

Approval/Denial by Morgan Hill School District (For District Use Only)

[ ] The request for transfer is approved and referred to the requested district noted above for consideration.

[ ] The request for transfer is denied for the following reason(s):

Signature of Authorized Representative of Morgan Hill Unified School District

Date

Approval/Denial by District of Desired Attendance (For District Use Only)

Please check, sign, and return original to the Enrollment Center at Morgan Hill Unified School District

[ ] The request for transfer is approved.

[ ] The request for transfer is denied for the following reason(s):

Signature of Authorized Representative

Date

Representative Title

District