

MERCED CITY SCHOOL DISTRICT INTERDISTRICT TRANSFER (IDT)

THIS APPLICATION IS A: () NEW REQUEST () RENEWAL OF A PREVIOUSLY APPROVED IDT

PARENT INFORMATION	CONTACT INFORMATION
NAME	TELEPHONE NUMBER
STREET ADDRESS	CELL NUMBER WORK NUMBER
CITY, STATE & ZIP CODE	ALTERNATE CONTACT INFORMATION:

The governing boards of the Merced City School District of Merced County hereby agrees to permit the named child(ren), while residing in the Merced City School District to attend _____ School, in the _____ District during the school year ending June 30, 20____, subject to the following terms.

<ol style="list-style-type: none"> 1. District of attendance to receive ADA. 2. No tuition will be charged to district of residence 3. Transportation is the responsibility of parent/guardian 4. Approval granted contingent upon space available. 5. Interdistrict Transfers must be renewed yearly. 6. Student must maintain positive attendance. 7. Student must maintain positive behavior 8. Student must maintain positive academic achievement. 	<p>Failure to comply with directives 6, 7 and 8 may result in the Inter-District Transfer (IDT) being revoked.</p>
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Reason for Request:

STUDENT NAME	BIRTH DATE	THIS YEAR'S GRADE	NEXT YEAR'S GRADE

Parent/Guardian Signature	Date:
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FOR DISTRICT USE ONLY	DATE RECEIVED:
() Approved () Disapproved Date: _____	() Approved () Disapproved Date: _____
_____ Representative	_____ Representative
Merced City School District/Student & Family Service Center 1180 'E' Street, Merced, CA 95340 (209-381-2810)	_____ School District