



School Year: 20__-20__

Interdistrict Attendance (IDA) TRANSFER AGREEMENT

The following student resides in MANTECA UNIFIED SCHOOL DISTRICT boundaries. The Parent/Guardian has requested that the student attend school outside the District of Residence. Manteca Unified School District has approved this request. If approved by the Requested District, this document is the Interdistrict Attendance (IDA) TRANSFER AGREEMENT (Form 2) between the two Districts, subject to the terms listed below, and any applicable policies of either District. See Manteca Unified School District Interdistrict Attendance (IDA) TRANSFER REQUEST (Form 1) for further information. Note that Districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. IDA transfers may not be guaranteed for siblings. See Interdistrict Attendance (IDA) TRANSFER CONTRACT (Form 3) of the Requested District.

District of Residence: MANTECA UNIFIED SCHOOL DISTRICT Requested District: _____

Current School of Attendance: _____

Name of Student Date of Birth Grade Requested School

Name of Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____ Cell: _____

If both Districts approve this IDA Transfer under Education Code 46600, the agreement IS VALID FOR THE DURATION OF ONE SCHOOL YEAR. IDA RENEWALS ARE REQUIRED EACH SCHOOL YEAR FOR STUDENTS ENTERING GRADES K-12.

Note: This form will be sent to the Requested District by the District of Residence. Once the Requested District makes a determination, the Requested District will send this form to the parent and to the District of Residence. If approved by both Districts, parent will sign an Interdistrict Attendance (IDA) TRANSFER CONTRACT (Form 3) with the receiving District.

DISTRICT OF RESIDENCE: MANTECA UNIFIED SCHOOL DISTRICT

_____ This agreement is APPROVED under the provisions of Education Code 46600 for the duration of one school year only.

Signature of District of Residence Representative Director, Child Welfare and Attendance Title Date

REQUESTED DISTRICT: _____ School District

_____ This agreement is APPROVED under the provisions of Education Code 46600 for the duration of one school year.

_____ This IDA Transfer Request is DENIED. Disapproval by either District may be appealed to the San Joaquin County Office of Education within 30 days of denial (see IDA Appeal Handbook at www.sjcoe.org or call (209)468-4800).

Reason for denial: _____

_____ This agreement is approved under the provisions of Education Code 48204(b) (Allen Bill) based on annual verification of parent's employment within the District boundaries.

Final approval of this IDA is effective upon parent signature on IDA TRANSFER CONTRACT (Form 3) with requested District.

Signature of Requested District Representative Title Date