

Banta Unified School District

Requested School Year: 20__-20__

Interdistrict Attendance (IDA) TRANSFER REQUEST Request Type: New Renewal

Parent/Guardian: Please fill out one each per student (IDA Form 1 and IDA Form 2). As a resident of Banta Unified School District and the Parent/Guardian of the student listed below, I am requesting his/her transfer OUT of the Banta Unified School District.

Note: Districts do not provide transportation under an Interdistrict Attendance (IDA) TRANSFER AGREEMENT (Form 2). 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 all siblings.

ALL BLANKS in the parent section MUST be completed.

Date Received by BUSD: _____

Student's Name: _____ Date of Birth: _____

Student's Current School of Attendance: _____ Current Grade: _____

Requested District: _____ Requested School: _____

List other school-age children (name/grade): _____

Name of Parent/Guardian: _____ Signature: _____

Address: _____ City: _____ Zip: _____

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

Does the student receive special education services? Yes No If yes, list services? _____

Does the student have a 504 plan? Yes No

Does the student have an SST? Yes No

Is the student an English Language Learner? Yes No

Is the student currently expelled, pending expulsion or expelled within the last year? Yes No

Reason for Transfer Request (Check reason and explain fully):

1. Parent's employment is located within attendance boundaries of requested District. If checked, complete the following:

Parent's Employer/Company Name: _____ Employer Phone: _____

Employer's Address: _____

2. Other (e.g. transportation, child care, etc.): _____

DISTRICT OF RESIDENCE: Banta Unified School District

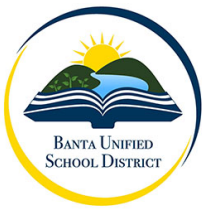
This IDA Transfer Request is APPROVED and will be referred to the Requested District for consideration. This IDA TRANSFER REQUEST (Form 1) and the IDA TRANSFER AGREEMENT (Form 2) will be sent to the Requested District with transcript/report card, attendance and discipline information, if applicable. In accordance with EC46600-46607, the attendance of pupils covered by this agreement shall be credited to the School District of attendance for apportionment purposes. No financial obligation shall be incurred by the District of residence for services rendered under this agreement. IDA renewal is required each school year for students entering grades K-12.

The 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: _____

Signature of District Representative _____ Superintendent Title _____ Date _____

09/25/2023



Requested School Year: 20__ -20__

Interdistrict Attendance (IDA) TRANSFER AGREEMENT

The following student resides in BANTA UNIFIED SCHOOL DISTRICT boundaries. The Parent/Guardian has requested that the student attend school outside the District of Residence. Banta 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 Banta 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: BANTA UNIFIED SCHOOL DISTRICT Requested District: _____

Current/Last School of Attendance: _____

Name of Student Date of Birth Requested Grade Requested School

Name of Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

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

If both Districts approve this IDA Transfer under EC46600-46607, the attendance of pupils covered by this agreement shall be credited to the School District of attendance for apportionment purposes. No financial obligation shall be incurred by the District of residence for services rendered under this agreement. This 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: BANTA UNIFIED SCHOOL DISTRICT

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

_____ The IDA Transfer Request is DENIED. Please see Form 1 for the reason.

Signature of District of Residence Representative Superintendent 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