



Keyes Union School District
4801 Lucinda Avenue, Keyes CA 95328
Phone (209) 669-2921 • Fax (209) 669-2923

TO: All Interdistrict Transfer Applicants
FROM: Helio Brasil, Superintendent
SUBJECT: Interdistrict Transfer Approvals

The Keyes Union School District Board of Trustees will only approve the following requested Interdistrict Transfer Agreements:

1. Interdistrict Transfer Agreements that meets Allen Bill (mandated) standards for employment requirements. The District will verify required documentation.
2. Childcare for students. A Childcare Affidavit is required and will be verified.
3. Interdistrict Transfer Agreements requests received *after* January of each year will be *considered* to be granted for the remainder of the current school year only for students who have just moved into the district and wish to remain at their current school to complete the school year. Interdistrict Transfer Agreements will be denied for the following school year for these students.

We look forward to serving your children at Keyes Union School District.

Respectfully,

Dr. Helio Brasil
Superintendent



KEYES UNION SCHOOL DISTRICT
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Keyes CA 95328
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REQUEST AND AGREEMENT FOR INTERDISTRICT ATTENDANCE
REQUEST FORM

TO THE GOVERNING BOARD OF THE

_____ School District and the
(Requested School to Attend) (District of Attendance)

_____ Keyes School District
(Name of School Attending Now/Or Last Attended) (District of Residence)

This is to request permission for the following pupils:

Grade: _____
Grade: _____
Grade: _____
Grade: _____

To attend school in the first named district while residing in the second named district for the following reasons:

Has your child ever, or does he/she now require special services? (i.e. Special Education, Title 1) YES ___ NO ___

If YES, Please Complete:

School Year _____ School District where served: _____

Type of services received: _____

I hereby certify that I am the _____
(Parent, Legal Guardian)

Signature Date Street Address/Mailing Address

Work Phone Number Home Phone Number City State Zip

AGREEMENT

The Governing Boards of the School Districts above named hereby agree to permit the attendance of the pupils as requested above for the school year _____ - _____ subject to the following terms.

- Contingent on space available, regular attendance, good grades, proper school behavior, positive attitude toward learning.
- Transportation will not be provided.
- Incoming Interdistrict Agreements which are approved will remain valid unless/until special services resulting in excess cost to Keyes Union School District are incurred. This agreement will be re-evaluated at that time.

DISTRICT OF ATTENDANCE:
Agreement Approved: Date: _____

DISTRICT OF RESIDENCE:
Agreement Approved: Date: _____

Agreement Approved: _____ Denied: _____
_____ School District

Agreement Approved: _____ Denied: _____
Keyes Union School District

By: _____

By: _____
Superintendent

DISTRIBUTION:

White - Dept. of Ed. Business Office Yellow - District of Attendance Pink - District of Residence Goldenrod - Parent



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CHILD CARE AFFIDAVIT

I affirm the following information is true and correct:

TO BE COMPLETED BY PARENT/GUARDIAN

Student Name: _____ Date of Birth: _____

Physical Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

Name of Parent/Guardian: _____

Home Phone: _____ Other Phone: _____

TO BE COMPLETED BY CHILD CARE PROVIDER

Name of Provider/Day Care Center: _____

Physical Address: _____

City: _____ Zip: _____ Phone : _____

Days/Times Services Provided: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Parent/Guardian Signature: _____ Date: _____

Child Care Provider Signature: _____ Date: _____

Keyes to Student Success: Family, Responsibility, Pride

