

Mountain View Los Altos High School District
 Educational Services
 1299 Bryant Avenue, Mountain View, CA 94040
Application for Interdistrict Transfer



SECTION I – PARENT/GUARDIAN (PLEASE COMPLETE SECTION I ONLY)

HS YEAR OF GRADUATION:	FOR SCHOOL YEAR:
SCHOOL OF RESIDENCE:	SCHOOL REQUESTED:

STUDENT INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
CURRENT SCHOOL OF ATTENDANCE:		
ETHNICITY (PLEASE CHECK ANY THAT APPLY): <input type="checkbox"/> HISPANIC <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER		
SPECIAL SERVICES (PLEASE CHECK IF STUDENT IS ELIGIBLE FOR SUPPORT IN): <input type="checkbox"/> ELD <input type="checkbox"/> SPECIAL ED		

PARENT/GUARDIAN CONTACT INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:	CITY:	ZIP CODE:
CONTACT NUMBER:	EMAIL:	
SIGNATURE OF PARENT/GUARDIAN:		DATE:
IS THIS YOUR FIRST TRANSFER REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REASON FOR REQUEST: <input type="checkbox"/> SENIOR PRIVILEGE <input type="checkbox"/> PROFESSIONAL COURTESY <input type="checkbox"/> OTHER (STATE REASON):		

SECTION II – CURRENT DISTRICT ADMINISTRATOR’S RESPONSE

I <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE THIS REQUEST FOR TRANSFER	
SIGNATURE: Title: Associate Superintendent Educational Services	DATE:

SECTION III – REQUESTED DISTRICT’S RESPONSE

The Mountain View – Los Altos Union High School District of Santa Clara County and the _____ School District of _____ County, agree to permit the student named above, while residing in the first-named district, to attend _____ High School in the second-named district during the _____ school year, subject to ADA, basic aid and/or other conditions of agreement.	
I <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE THIS REQUEST FOR TRANSFER	
SIGNATURE: Title:	DATE: