

**MADERA UNIFIED SCHOOL DISTRICT**  
 1820 HOWARD ROAD MADERA, CA 93637  
 PH: (559) 416-5858 FAX (559) 661-2005

**INTERDISTRICT TRANSFER 2026-2027**

NEW  RENEWAL

send via email to: [transfers@maderausd.org](mailto:transfers@maderausd.org)

Student Last Name	First Name	Grade For 2026-27	Date of Birth
Email Address	Address	City	ZIP
Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name	Daytime Contact Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

District of Residence <b>Madera Unified School District</b>	School of Residence
Current or Last District of Attendance	Current or Last School of Attendance
District Requested	School Site Requested

**Reason(s) For Transfer. Check All That Apply.**

**Parent /Guardian Employment** *Must attach one of the following dated within the past 30 days.*

- Paycheck Stub
- Letter from employer on letterhead verifying work hours & location of employment

If self-employed, letter stating work hours, location, & copy of the business license/permit

Continue Enrollment  
 Sibling: \_\_\_\_\_  
 Child Care: \_\_\_\_\_  
 Dual Language Immersion (DLI) Program  
 Other: \_\_\_\_\_

**What Specialized Services Does The Student Receive? Check All That Apply.**

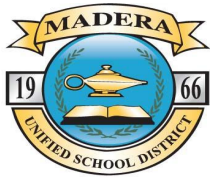
Special Education  Section 504  English Language Learner  Gifted (GATE)  Other: \_\_\_\_\_  None

**If The Student Is Receiving Special Education Services, What Is Their Current Placement?**

Resource(RSP)  Special Day(SDC)  Speech/Language Therapy  Pending Assessment  Other: \_\_\_\_\_

Was The Student Retained? <input type="checkbox"/> No <input type="checkbox"/> Yes Grade: _____	Is The Student Pending Disciplinary Action or Under An Expulsion Order? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____
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District of Residence: <b>Madera Unified School District</b>	District Requested:
DECISION: <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/> Renewal/ CE <input type="checkbox"/> PE <input type="checkbox"/> DLI <input type="checkbox"/> Not in Policy <input type="checkbox"/> CC <input type="checkbox"/> FSY <input type="checkbox"/> Other	
COMMENTS:	COMMENTS:
By: <input type="checkbox"/> Director of Student Services <input type="checkbox"/> Child Welfare Attendance	Title: _____
Signature: _____ Date: _____	Signature: _____ Date: _____



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**Terms and Conditions**

**This Interdistrict Transfer Agreement is Valid Only for The School Year Granted and Must Be RENEWED Annually. Renewals Are Not Guaranteed. Please initial**

Approval Is Subject to Space Availability In The Requested District And May Not Be At The Site Requested.

Students Who Are Eligible For Special Education Services May Also Be Asked To Obtain An Inter/Intra-SELPA Agreement For Individuals With Exceptional Needs.

No Financial Obligation Shall Be Incurred By The District Of Residence For Services Rendered Under This Agreement.

The Parent/Guardian Is Responsible For Providing Transportation To And From School.

**This Agreement May Be Revoked At Any Time By The District Of Attendance For The Following Reasons:**

Approval is subject to space availability in the requested district and may not be at the site requested.

Students/Parent Fails to uphold appropriate behavior standards.

The student has poor academic performance.

False or misleading Information was provided.

Program Impact. District/site has exceeded space available in grade level or program.

I have read the terms and conditions, and understand the regulations and policies governing Interdistrict attendance permits, and hereby submit my application. I declare under penalty of perjury that the information provided above is true and accurate. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the required documentation DOES NOT guarantee that the request will be approved. In the event of a denial, an appeal may be directed to Madera County Office of Education.

Student(s) Name/ D.O.B

Parent /Legal Guardian Signature

Date