

REQUEST TO APPEAL DENIAL OF INTERDISTRICT TRANSFER (IDT)

(Please print or type all material except signature)

Notice: The SMUHSD's IDT Appeal Panel may only make a *recommendation* to the Board of Trustees to approve or deny the request. If the SMUHSD Board of Trustees approves the request, student will be assigned to a school within the District at the discretion of the Director of Student Services, based upon District need. The parent/guardian does not have the right to appeal the school of assignment. If the SMUHSD Board of Trustees denies the request, the parent may appeal to the San Mateo County Board of Education, in accordance with their policies.

IDENTIFYING INFORMATION – PARENT/GUARDIAN

Name of Parent/Guardian (Appellant): _____

Address of Residence: _____ Own Rent

How long at this address? _____

Have you ever lived within the boundaries of the SMUHSD: No Yes (If yes, list previous address below)

Previous SMUHSD Address: _____

From _____ to _____ (Insert dates)

Resident School District: _____ Resident School: _____

Residence Telephone: _____ Other Telephone: _____

E-mail: _____

Attorney or Representative (if Applicable): _____ Telephone: _____

ADDITIONAL INFORMATION – STUDENT

Student: _____ Age: ____ Grade: ____ Current School: _____

ADDITIONAL INFORMATION – INTER-DISTRICT TRANSFER REQUESTS

Date of Initial Request of Inter-District Transfer to the SMUHSD: _____

Date of Denial of Inter-District Transfer by the SMUHSD: _____

Is this the first year an Inter-District Transfer request has been made for this student: Yes No If "No" please answer the following questions:

- A. Indicate the first school year the agreement was granted: _____ (School Year, e.g., 2014-15)
- B. Student's Grade during the first year agreement was granted: _____
- C. Transfer from _____ (Resident District) to _____ (Requested District)
- D. Reason for the Inter-District Transfer the first year transfer was granted: _____

- E. Has parent been required to submit a new Inter-District Transfer request each year since the first year?
 NO YES

ADDITIONAL INFORMATION – OTHER SIBLINGS

Please provide the following information about other Siblings in the home: (Attach additional sheet if necessary)

Name: _____ Age: ____ School/District Attending: _____

Name: _____ Age: ____ School/District Attending: _____

GROUND FOR APPEALING THE DENIAL OF THE INTER-DISTRICT TRANSFER

Advisory: San Mateo Union High School District’s Board Policy 5117 specifically states: “The Board of the district will only consider inter-district transfers if compelling reasons are presented which indicate a student’s education would be adversely affected if s/he continued in the school district of residence.”

Reason for Request for Appeal of Denial of the Inter-District Transfer [Note: The request for appeal will not be accepted without a complete statement of reasons. See Section A, pages 7-9 of the San Mateo Union High School District’s Appeal Handbook - “Factors Which MAY Substantiate a Compelling Reason for Granting of an Inter-District Transfer.” Please reference, by number the factors (1-11) that pertain to your situation. Attach additional pages if more space is needed to complete this item.]

Factor _____ Additional Information: _____

Factor _____ Additional Information: _____

Please attach the following items to this “Appeal of Denial of Inter-District Attendance”:

- (1) Any additional pages submitted with “Reason for Request for Appeal of Denial of the Inter-District Transfer” as noted above, relating to the reasons for the transfer request
- (2) Any documentation from your district of residence regarding your request
- (3) Any other documentation that you believe is pertinent to your request

PARENT/GUARDIAN CERTIFICATION

I hereby certify that: (1) All of the information I have provided in this form and the attached documents is true and correct and to the best of my knowledge; and, (2) If the IDT is approved, the student will be subject to the terms stated in the IDT Agreement and student will be assigned to a school at the discretion of the District

Signature of Parent/Guardian Filing Appeal

Date