Mission Valley SELPA

Inter-district Student Transfer Agreement

Date: Jan. 7, 2014 **Student ID#** 82543

Student's Name: _____ **DOB:** 08-14-2001

X **New Placement** ___ **Continuing** ___ **Status Change**

This is to confirm the above-named student's placement as follows:

School: Cesar Chavez Middle School **Phone:** 510-487-1700

Address: 2801 Hop Ranch Rd., Union City, CA 94587
Street **City/State** **Zip**

Program: CCMS - Day Treatment Program - 7th grade

Enter Date: 1-7-14
(First day of enrollment)

Exit Date: 6-11-14
(Last day of enrollment)

Special Education payment transfer is from the San Leandro **Unified School District to the** New Haven **Unified School District and is specified below:**

Program Placement	$142.05/day for 100 days	$14,205.00
DIS Costs (prior agreement only)		Mental health costs if necessary
Other (ie: 1-1 aide – prior agreement only		

Signatures:

District of Service Authorization: _____ **Date:** 1/3/14

District of Residence Authorization: Roxana Marcelli **Date:** 1/21/14

1. Director (DOS) completes and signs form, and send to Director (DOR).
2. Director (DOR) approves, signs, and sends original to SELPA Director and copy to Director (DOS), and retains one copy.
3. All agreements are due to the SELPA administrative Unit by P1 and P2 counts.

SAN LEANDRO UNIFIED SCHOOL DISTRICT

Mike McLaughlin, Ed.D.
Superintendent

EDUCATIONAL SERVICES
Rosanna Mucetti, Ed.D., Assistant Superintendent
14735 Juniper Street, San Leandro, CA 94579
Phone (510) 667-3538 Fax (510) 297-6156

Date: 12/18/13

TO: Rich Bromberg
New Haven Unified School District

I am sending this letter in order to notify the New Haven Unified School District that the San Leandro Unified School District is assuming the cost for in your School Based Day Treatment Program for the 2013-2014 academic year. The San Leandro Unified School District will cover the cost for the program and the transportation from home to the program and from the program to home as articulated in the student's IEP.

If you have any questions, please contact me at (510) 667-3538.

Thank You,

Rosanna Mucetti

Rosanna Mucetti, Ed.D.
Assistant Superintendent, Educational Services

INTERDISTRICT TRANSFER APPLICATION FOR SCHOOL DISTRICTS IN ALAMEDA COUNTY

REC'D DEC 0 9 REC'D

STEP 1: *To be completed by parent/guardian* (Please print.)

School Year: ☒ Current year ☐ Future year 2013 - 2014	Grade Requested 7th	Date of Request 12/9/2014
Student Name (Last, First)	Birth Date 8/14/2001	Gender ☒ Male ☐ Female
Current or Last School of Attendance John Muir Middle	Current or Last District of Attendance San Leandro Unified
School of Residence Williams	School Requested Yes
District of Residence San Leandro Unified School District	District Requested Yes for him to move
Parent/Guardian Name	Contact Number: ☐ Home ☒ Work ☐ Cell 510-
Email Address	Contact Number: ☐ Home ☐ Work ☒ Cell
Address INFO	City/Zip San Leandro, CA 94577

Is the student currently pending disciplinary action or under an expulsion order? ☐ Yes ☒ No

What special services has the student received? *(Check all that apply and attach proof of enrollment in the special program.)*
☐ Gifted (GATE) ☐ Section 504 ☒ Special Education ☐ English Language Learner

If the student is receiving Special Education services, what is their current placement? *(Please attach IEP.)*
☐ Special Day (SDC) ☐ Resource (RSP) ☐ Non-Public School (NPS) ☐ Pending Assessment

What is/are the reason(s) for the request? *(Check all that apply. See section on "Documentation Required" for a listing of proof/evidence required to support each reason checked.)*
☐ Child Care (K-6 ONLY) ☐ Parent Employment ☐ Sibling ☐ Health & Safety ☒ Specialized Program
☐ Continuing Enrollment ☐ Complete Final Year at Current School ☐ Proposed Change in Residence ☐ Other (Please specify in a letter)

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. FALSIFICATION OF ANY INFORMATION INVALIDATES THIS TRANSFER APPLICATION.

Parent/Guardian Signature _____ Relationship to Student _____

STEP 2: *District of Residence*

Decision: ☒ Approved ☐ Denied

Authorizing Signature: _____

Title: Director, Student Support Services

District: San Leandro USD

Comments: Parent Program

Date: 12-9-13

STEP 3: *Proposed District of Attendance*

Decision: ☒ Approved ☐ Denied

Authorizing Signature: _____

Title: coord Enroll

District: NHUSD

Comments: per agreement between Special services depts of both districts

Date: 12/13/13