Mission Valley SELPA

Inter-district Student Transfer Agreement

Date: Aug. 13, 2014 **Student ID#** 3152961257

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

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

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

School: Cesar Chavez M.S. **Phone:** 510-487-1700

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

Program: Day Treatment Program

Enter Date: 8-27-14
(First day of enrollment)

Exit Date: 6-10-15
(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	**Per/Student Fee**	$36,714.96
DIS Costs (prior agreement only)		
Other (ie: 1-1 aide – prior agreement only ESY, if applicable		$3,440.00

Signatures:

District of Service Authorization: Sarah Kappler **Date:** 8/18/14

District of Residence Authorization: _____ **Date:** 9-11-14

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.