

**Santa Maria-Bonita School District**  
**2021-22 INTERDISTRICT BOUNDARY AGREEMENT**

- I-Interdistrict Attendance Agreement (Pursuant to Education Code §46600/46601.5)  
 E-Employment Related Request for Transfer (Pursuant to Education Code §48204(f))

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**PART A: PARENT REQUEST**

**School Requested:** \_\_\_\_\_ **Requested District:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_  
**(Parent/Guardian Full Name)** **(Home Address)** **(Home Phone)**

\_\_\_\_\_  
**(Father's Employer)** **(Employer's Address)** **(Work Phone)**

\_\_\_\_\_  
**(Mother's Employer)** **(Employer's Address)** **(Work Phone)**

**Reason for Application:**     Childcare     Employment     Other (Use back of form for explanation)

**Childcare Verification:**

\_\_\_\_\_  
**(Childcare Provider's Name)** **(Childcare Provider's Address)** **(Phone)**

\_\_\_\_\_  
**(Parent/Guardian Signature)** **(Date)** **(Childcare Provider's Signature)** **(Date)**

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**PART B: APPROVAL OR DENIAL BY DISTRICT OF RESIDENCE**

- The transfer request is **approved** by the Governing Board of the District of Residence and referred to the District of Attendance for consideration.
- Request for transfer is **denied**. The reason for this determination is attached.

\_\_\_\_\_  
**(Michael Grogan, District Administrative Designee/Transfers)** **(Date)**

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**PART C: APPROVAL OR DENIAL BY DISTRICT OF ATTENDANCE**

- Employment of parent/guardian in this District has been verified and the Governing Board has not taken action to deny the requested transfer.
- The Governing Board of the District of Attendance **approves** the request for transfer for the current school year. Interdistrict Boundary Agreement must be renewed annually.
- The Governing Board of District of Attendance **denies** the request for transfer. Reason is attached.

\_\_\_\_\_  
**(Signature of Authorized Representative)** **(Date)** **(Title)**

PLEASE MAIL ORIGINAL TO: SMBSD, ATTN: INTERDISTRICT TRANSFERS, 708 S. MILLER ST., SANTA MARIA 93454