

MORAGA SCHOOL DISTRICT 1540 SCHOOL STREET • MORAGA, CA • 94556 PHONE: (925) 376-5943 FAX: (925) 376-8132

Office Use Only Date Received

This form to be used for requests to be released from the Moraga School District.

Please release my child/ren from attending school in the Moraga School District for the 				
STUDENT NAME(S)	BIRTHDATE	GRADE (FOR YEAR REQUESTED)	PRESENT SCHOOL	REQUESTED SCHOOL & DISTRICT
PARENT/GUARDIAN:			HOME PHONE:	
STREET ADDRESS:			WORK OR CELL PHONE:	
REASON	FOR INTER	DISTRICT TRA	NSFER REQU	EST
Reason for request: (Attach additional page, if necessary:				
Check any category which applies to your child: Resource 504 Plan Speech English Learner			Other:	
Parent/Guardian Signature:				
SIGNATURE DATE DATE				
	AFFRU	OVAL OR DENI	AL	
Approved Denied	Reason(s):		
	SUPERINTENDEN	T'S SIGNATURE	DATE	
Disapproval may be appealed within thirty (30) days to the Contra Costa Office of Education.				
RECEIVING DISTRICT ACTION				
Approved Denied	Reason(s):		
	SIGNATU	JRE	DATE	
Please return a signed copy to the Moraga School District.				

Moraga School District INTERDISTRICT TRANSFER INFORMATION

- This form is to be used for **OUTGOING** transfers <u>ONLY</u>.
- The process for **INCOMING** transfers **MUST** begin with your School District of **RESIDENCE**.
- Please submit this form to the Moraga School District Office.
- Once approved by MSD, it will be transmitted to the requested school district.
- The requested school district will contact the parents with the result.

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