

Part A: Parent/Guardian completes this section and delivers to District of Employment - Use separate form for each child

Student's Name (Last, First): _____ Date of Birth: _____ Current Grade: _____
Current or Last School of Attendance: _____ Current or Last District of Attendance: _____
School of Residence: _____ District of Residence: _____
School District of Parent/Guardian Employment: _____
School Requested: _____ (District retains the right to assign student to any school.)

Parent/Guardian Name: _____ Phone number: _____
Address: _____ Email Address: _____
Employer Name: _____ Number of hours worked per week: _____
Address: _____
Supervisor's Name: _____ Phone number: _____

PLEASE ATTACH VERIFICATION OF EMPLOYMENT. The most common means of verification is a letter from your employer or paycheck stubs. Contact the district of employment for specific employment verification requirements.

I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I further understand that my employment is subject to periodic verification.

Parent/Guardian Signature: _____ Date: _____

Part B: School District of Employment completes this section, retains a copy and delivers original to District of Residence

Date Received: _____ Employment verified on: _____ By: _____
(Date) (Name)

District of Employment Approves Denies

If denied, reason: Negative impact on desegregation plan
 Educational cost would exceed state reimbursement
 Other: _____

Signature of authorized representative: _____ Date: _____

Part C: School District of Residence completes this section retains a copy and delivers original to District of Employment

Date Received: _____ Employment verified on: _____ By: _____
(Date) (Name)

District of Residence Approves Denies

If denied, reason: Negative impact on desegregation plan
 Difference between number of employment transfers entering and exiting the district exceeds limits as per Education Code § 48204(b)

Signature of authorized representative: _____ Date: _____