DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA
DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA
17800 HIGHWAY 18 • APPLE VALLEY, CA 92307
(760) 552-6700 • (760) 242-5363 FAX

Transfer Into District

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Ethnicity: _____ Disability: ... _____ Grade: _____

Residency: ☐ Parent/Guardian ☐ Licensed Children's Inst. ☐ Foster Family Home ☐ Hospital ☐ Residential Facility
☐ Incarcerated Inst. ☐ State Hospital ☐ Development Center ☐ Other: _____

School Site: _____ Teacher Name: _____

District of Attendance: ... _____ District of Residence: ... _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Former Placement District: ... _____ School Site: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Special Education Program: _____

Present Placement District: ... _____ School Site: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

PLEASE COMPLETE ITEMS 1 THROUGH 9 AND INITIAL/DATE ON THE SPACE PROVIDED	**Initials**	**Date**
1. Confirm student's previous educational placement by: ☐ Telephone call to previous school/district ☐ IEP available ☐ Other: *(person contacted)*		
2. Indicate interim thirty (30) day placement in: _____ ☐ Special Academic Instruction (SAI): _____ with _____ ☐ Related Services:*(specify)* _____		
3. Request confidential records using Authorization for Use and/or Disclosure of Information form (D/M 63)		
4. Complete Family Information form (D/M 56)		
5. Complete/submit MIS information to district office (D/M 68A)		
6. File copy of Transfer into District form (D/M 52) and send original to special education office		
7. Obtain (if necessary) Assessment Plan (D/M 66)		
8. Log case. IEP review date(s): _____		
9. Send information for review by site administrator		

Comments:

PARENT CONSENT/ACKNOWLEDGEMENT

Please review the information and mark *Yes* or *No* to indicate whether or not you consent to and understand the following items:

1. I give consent for my child, named above, to participate in a _____ special education program in the above-named school district and I understand that continued placement is conditional upon verification of eligibility by the Individualized Education Program team, which will review the placement recommendation within thirty (30) days.	☐ Yes	☐ No
2. I understand this district will request the confidential records from the previous school/district of attendance and that I have the right to review such records.	☐ Yes	☐ No
3. I understand my Parent Rights and have received a copy (D/M 77).	☐ Yes	☐ No

Parent/Guardian Signature: _____ Date: _____