



EMAILED
7/18/25

IDA Form 1

Manteca Unified School District

School Year: 20²⁵ -20²⁶

Interdistrict Attendance (IDA) TRANSFER REQUEST

Parent/Guardian: Please fill out one each per student (IDA Form 1 and IDA Form 2). As a resident of Manteca Unified School District and the Parent/Guardian of the student listed below, I am requesting his/her transfer OUT of the Manteca Unified School District.

Note: Districts do not provide transportation under an Interdistrict Attendance (IDA) TRANSFER AGREEMENT (Form 2). Approval and revocation by the requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior and scholarship. IDA transfers may not be guaranteed for all siblings.

ALL BLANKS in the parent section MUST be completed. If you have questions, call (209)858-0867 or (209)858-0762.

Date Received by Student Services: 7/18/25

Student's Name: Graydon Charles Cameron Date of Birth: 2/2/2015

Student's Current School of Attendance: Neil Haffley Elementary School County Program Current Grade: 4

Requested District: Stockton Unified School District Requested School: Walton Special Center

List other school-age children (name/grade): _____

Name of Parent/Guardian: Donald Cameron Signature: [Signature]

Address: 1538 Terracina Cir City: Manteca Zip: 95336

Email: macnod@gmail.com Home Phone: _____ Work Phone: _____ Cell: (919) 429-9377

Does the student receive special education services? Yes ☒ No ☐ If yes, list services? Speech, PT, OT, Feeding,

Does the student have a 504 plan? Yes ☐ No ☒ 1-on-1, Transportation, Rider.

Does the student have an SST? Yes ☐ No ☒

Is the student an English Language Learner? Yes ☐ No ☒

Is the student currently expelled, pending expulsion or expelled within the last year? Yes ☐ No ☒

Reason for Transfer Request (Check reason and explain fully):

1. ☐ Parent's employment is located within attendance boundaries of requested District. If checked, complete the following:

Parent's Employer/Company Name: _____ Employer Phone: _____

Employer's Address: _____

2. ☐ Family is moving into boundaries of requested District. Projected date of move: _____

Address of New Residence: _____ City: _____ Zip: _____

3. ☒ Other (e.g. transportation, child care, etc.): Safety of child

Parents are concerned about child's safety and educational opportunities at his current placement

DISTRICT OF RESIDENCE: Manteca Unified School District

☒ This IDA Transfer Request is **APPROVED** and will be referred to the Requested District for consideration. This IDA TRANSFER REQUEST (Form 1) and the IDA TRANSFER AGREEMENT (Form 2) will be sent to the Requested District with transcript/report card, attendance and discipline information, if applicable. In accordance with EC46600-46607, the attendance of pupils covered by this agreement shall be credited to the School District of attendance for apportionment purposes. No financial obligation shall be incurred by the District of residence for services rendered under this agreement. **IDA renewal is required each school year for students entering grades K-12.**

The IDA Transfer Request is **DENIED**. Disapproval by either District may be appealed to the San Joaquin County Office of Education within 30 days of denial (see IDA Appeal Handbook at www.sjcoe.org or call (209)468-4800). Reason: _____

Signature of District Representative: [Signature]

Title: Director, Student Services

Date: 7/18/25 07-23-2021



EMAILED
7/18/25

IDA Form 2

Manteca Unified School District

School Year: 2025 - 2026

Interdistrict Attendance (IDA) TRANSFER AGREEMENT

The following student resides in MANTECA UNIFIED SCHOOL DISTRICT boundaries. The Parent/Guardian has requested that the student attend school outside the District of Residence. Manteca Unified School District has approved this request. If approved by the Requested District, this document is the **Interdistrict Attendance (IDA) TRANSFER AGREEMENT (Form 2)** between the two Districts, subject to the terms listed below, and any applicable policies of either District. See Manteca Unified School District **Interdistrict Attendance (IDA) TRANSFER REQUEST (Form 1)** for further information. Note that Districts do not provide transportation under an Interdistrict Attendance Transfer Agreement. Approval and revocation by the Requested District may be contingent upon school/grade/program capacity and/or the student meeting certain standards of attendance, behavior, and scholarship. IDA transfers may not be guaranteed for siblings. See **Interdistrict Attendance (IDA) TRANSFER CONTRACT (Form 3)** of the Requested District.

District of Residence: MANTECA UNIFIED SCHOOL DISTRICT Requested District: Stockton Unified

Current/Last School of Attendance: Neil Hafley Elementary School County Program

Name of Student	Date of Birth	Grade	Requested School
Graydon Charles Cameron	2/2/2015	4	Walton Special Center

Name of Parent/Guardian: Donald Cameron

Address: 1538 Terracina Cir City: Manteca Zip: 95336

Email: macnod@gmail.com Home Phone: _____ Work Phone: _____ Cell: (919) 429-9377

If both Districts approve this IDA Transfer under EC46600-46607, the attendance of pupils covered by this agreement shall be credited to the School District of attendance for apportionment purposes. No financial obligation shall be incurred by the District of residence for services rendered under this agreement. This agreement **IS VALID FOR THE DURATION OF ONE SCHOOL YEAR. IDA RENEWALS ARE REQUIRED EACH SCHOOL YEAR FOR STUDENTS ENTERING GRADES K-12.**

Note: This form will be sent to the Requested District by the District of Residence. Once the Requested District makes a determination, the Requested District will send this form to the parent and to the District of Residence. If approved by both Districts, parent will sign an Interdistrict Attendance (IDA) TRANSFER CONTRACT (Form 3) with the receiving District.

DISTRICT OF RESIDENCE: MANTECA UNIFIED SCHOOL DISTRICT

☒ This agreement is **APPROVED** under the provisions of Education Code 46600 for the duration of one school year only.

<u>[Signature]</u>	Director, Student Services	<u>7/18/25</u>
Signature of District of Residence Representative	Title	Date

REQUESTED DISTRICT: Stockton Unified School District

☐ This agreement is **APPROVED** under the provisions of Education Code 46600 for the duration of one school year.

☐ This IDA Transfer Request is **DENIED**. Disapproval by either District may be appealed to the San Joaquin County Office of Education within 30 days of denial (see IDA Appeal Handbook at www.sjcoe.org or call (209)468-4800).

Reason for denial: _____

☐ This agreement is **approved** under the provisions of Education Code 48204(b) (Allen Bill) based on annual verification of parent's employment within the District boundaries.

Final approval of this IDA is effective upon parent signature on IDA TRANSFER CONTRACT (Form 3) with requested District.

_____ Signature of Requested District Representative	_____ Title	_____ Date
---	----------------	---------------

07/23/2021