

<b>Tulare County</b> <b>Office of Education</b> <i>Jim Vidak, County Superintendent of Schools</i>		<b>TULARE COUNTY</b> <b>SUPERINTENDENT OF SCHOOLS</b>  <b>SB1327 REPORT</b> <b>EC 48203</b> <b>( For 504 &amp; Special Ed Students only)</b>			
PUPIL'S LAST NAME		FIRST NAME		DOB / /	
STREET ADDRESS		APT. #	CITY		ZIP
PHONE # ( )	MALE _____ FEMALE _____	SPECIAL ED YES _____ NO _____		504 YES _____ NO _____	CSIS NUMBER _____
SCHOOL				DISTRICT	
TYPE OF SCHOOL (CHECK ONE) <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> NON-PUBLIC				CURRENT GRADE LEVEL	

**(Check all boxes that apply)**

- A. Expelled from the local school district, county program, or private school.
- B. Suspended beyond 10 days from the district, county program, or private school.
- C. Involuntarily transferred from the district of residence, county program, or private school.
- D. Involuntarily transferred to another school in the district of residence, county program, or private school.
- E. Voluntarily transferred from the district of residence, county program, or private school.
- F. Voluntarily transferred to another school in the district of residence, county program, or private school.
- G. Severance of attendance from the district of residence, county program, or private school.
- H. Exclusion from the district of residence, county program, or private school.
- I. Exemption from the district of residence, county program, or private school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Briefly explain the reason for any of the above that applies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original to:

TULARE COUNTY OFFICE OF EDUCATION  
 ATTN: MARILYN RANKIN, Ed.D., ASSISTANT SUPERINTENDENT, SPECIAL SERVICES  
 P.O. BOX 5091, VISALIA, CA 93278-5091  
 OR VIA FAX TO: (559) 730-2511  
 SCHOOL, STUDENT FILE, DISTRICT OFFICE

Copies to: