

REQUEST FOR INTRADISTRICT TRANSFER

To transfer to a school outside the student's residence area, but within the district boundaries, the student must submit this application for approval to the principal of the school of residence. If approved, the principal will forward to the principal of the school of attendance for approval. Transfer is applicable for one school year and shall automatically be renewed each year unless: 1) the student leaves the school of choice; 2) the terms of the intradistrict permit are violated; or 3) the governing board withdraws from participation.

Student must furnish their own transportation if attending a school outside their residence area. Under California Interscholastic rules, students who change schools without a corresponding change in residency of the parents may be ineligible to participate in athletics for one year. Attendance at high school is subject to revocation for violations of school, district, or state rules and regulations. Students must maintain positive attendance, good discipline and acceptable grades.

PARENT/GUARDIAN AND STUDENT INFORMATION

Student's Name: _____ Date of birth: _____

Parent/Guardian Name: _____

Physical Address: _____

City: _____ Zip: _____ Phone: _____

Mailing address (if different): _____

PARENT/GUARDIAN REQUEST

Transfer **FROM** (School of **residence**): _____

Transfer **TO** (School student **wishes to attend**): _____

Last school attended, city, state: _____

Current grade level: _____ Year transfer to start: 20____-20____ Year transfer to end (or graduation date): 20 _____

Request is being made for the following reason(s):

- Complete current school year
- Parent/guardian employment *Name of employer:* _____
- Child care *Name and address of provider:* _____
- Specific education needs *Describe:* _____
- Sibling attending school requested – name, grade: _____
- Other – explain: _____

I have read and understand the conditions of an intradistrict transfer.

Parent/Guardian Signature

Date

DISTRICT APPROVAL OR DENIAL

SCHOOL OF RESIDENCE	<input type="checkbox"/> Approved <i>Specific student needs:</i> _____
	<input type="checkbox"/> Conditional approval <i>Terms:</i> _____
	<input type="checkbox"/> Denied <i>Reason for denial;:</i> _____
Principal Signature: _____ Date: _____	

SCHOOL OF ATTENDANCE	<input type="checkbox"/> Approved <i>Specific student needs:</i> _____
	<input type="checkbox"/> Conditional approval <i>Terms:</i> _____
	<input type="checkbox"/> Denied <i>Reason for denial;:</i> _____
Principal Signature: _____ Date: _____	