|  |  |
| --- | --- |
| * **I understand that this INTRADISTRICT TRANSFER REQUEST will be in effect only for the school year in which it has been granted.** | **(initials)** |
| * **I understand that this INTRADISTRICT TRANSFER REQUEST will be granted only on a space available basis.** | **(initials)** |
| * **I understand that this INTRADISTRICT TRANSFER REQUEST may be revoked if the pupil does not conform to attendance, academic and behavioral expectations.** | **(initials)** |
| * **I understand the pupil may be returned to his/her school of residence.** | **(initials)** |

|  |  |  |
| --- | --- | --- |
| REQUEST FOR ACADEMIC YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RESIDENT SCHOOL: |  | REQUESTED SCHOOL: |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  | |  |  | |  | |
| Student’s Name | | Student’s ID # | | | | | Grade Level | | | Birthdate | |
|  |  |  | | | |  |  | | | |  |
| Parent’s/Guardian’s Name | | Home Phone | | | | | Work Phone | | | | |
|  | | |  |  | | | | |  |  | |
| Street Address | | | | City, State | | | | | | Zip Code | |

IS THE STUDENT ENROLLED IN A SPECIAL EDUCATION PROGRAM: 🞏YES 🞏NO

**REASON FOR REQUEST:**

|  |  |
| --- | --- |
| **This request will be honored only for the academic year designated above. Parents/Guardians are responsible for submitting a request annually. Under this agreement parents/guardians assume responsibility for transporting their child to and from school.** | **(initials)** |

**Student’s Signature: Date:**

**Parent’s/Guardian’s Signature: Date:**

|  |  |
| --- | --- |
| **9-12 Intradistrict Transfer Only: Athletic Eligibility**  **Does your child plan to participate in any High School sports? 🞏 YES 🞏 NO Sport(s)** | |
| **According to California Interscholastic Federation (CIF) policy, the granting of an Intradistrict Transfer does not guarantee eligibility to participate in interscholastic athletics at the requested school.** | **(initials)** |
| **If you would like to request a waiver of California Interscholastic Federation (CIF) eligibility restrictions, please check the box to the right and complete and return the attached waiver request.** | **🞏** |
| **For School Use Only**  **🞏 Approved 🞏 Denied**  **Resident School Principal’s Signature Date**  **🞏 Approved 🞏 Denied**  **Requested School Principal’s Signature Date**  **Principal’s Reason for Approval/Denial**  **146.0116.87** | |