

Campbell Union High School District  
**INTERDISTRICT TRANSFER APPLICATION AND PROCEDURE**

**Board Policy on Transfer:** It is the policy of the Board of Trustees that students residing in the Campbell Union High School District shall attend the school which serves their respective attendance area of legal residence. Under extenuating circumstances, a student may be granted an interdistrict transfer.

PARENT/LEGAL GUARDIAN, PLEASE COMPLETE (*PRINT OR TYPE*) THIS FORM AND SUBMIT APPLICATION TO:  
 CUHSD Office, 3235 Union Ave., San Jose, CA 95124-2096 Attn: Interdistrict Transfers (408) 371-0960

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 School of Residence \_\_\_\_\_ District Requested \_\_\_\_\_ School Requested \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 New Request \_\_\_\_\_ or Renewal \_\_\_\_\_ For School Year 20\_\_\_\_ / 20\_\_\_\_

Grade Level for *school year requested*: 9 10 11 12 Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Female\_\_\_\_ Male\_\_\_\_  
mm / dd / yyyy

**SPECIAL PROGRAMS**

Does student have a 504 Plan? Yes\_\_ No \_\_ Or an IEP? Yes\_\_ No \_\_  
 Does student receive Special Education services? No \_\_ Yes \_\_ Current IEP for SDC \_\_\_\_ RSP\_\_\_\_ Speech \_\_\_\_ Other \_\_\_\_

**INTERDISTRICT TRANSFERS WILL BE CONSIDERED FOR THE REASONS LISTED BELOW.  
 CHECK THE REASON THAT APPLIES TO YOUR REQUEST.**

- \_\_\_ **Psychological and Social Adjustment:** Requires evidence that a successful adjustment to the school of residence cannot be made.
- \_\_\_ **Change of Residence:** Considered when family housing is being arranged in a new attendance area and the request is to (a) enroll at the new school before the move or (b) remain at the old school after the move. Documentation must be provided and attached to this form. This reason is valid only when the move is to take place **during** the regular school year.  
 Old Address \_\_\_\_\_
- \_\_\_ **Senior Privilege:** Considered when a graduating senior has completed the junior year but family has moved to another attendance area.
- \_\_\_ **Professional Courtesy:** Must attach a verification of employment letter on school district letterhead to be considered.

**COMMENT ON THE CIRCUMSTANCES OF YOUR REQUEST:**

This agreement is valid only while the conditions stated on the application are maintained and will be continued as long as the pupil provides his/her own transportation and maintains attendance, behavior, and scholarship which is satisfactory to the school of attendance. Maintaining satisfactory behavior requires that the student comply with all directives and requests of administrators, teachers, staff, and School Resource Officers, not violate school rules, and not engage in any behavior for which a suspension or expulsion might occur. Be advised, AB 2826 imposes a timeline for parents to appeal a district's decision within 30 calendar days; the prior law included only a timeline for school districts to advise a parent of the right to appeal. To appeal any decision, please reach out to our Assistant Superintendent of Education, and/or the SCCOE.

*I have read the information above and also understand that this transfer request is for one (1) school year only and must be renewed every school year between December 1 and January 31 of the previous school year. [ ] Yes*

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CUHSD Office Use Only**

Date Received (use date stamp) \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

CUHSD Director of **Student Services or Special Education**

- [ ] Soc. Adj.
- [ ] Chg. of Res.
- [ ] Sr. Privilege
- [ ] Prof. Courtesy
- [ ] Sibling
- [ ] Other

Student Services Clerk
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**NEW DISTRICT Office Use Only**

District Name \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**IF** Special Education applies: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_