



31505 Old River Road Office: 760.631.5218  
Bonsall, CA 92003 Fax: 760.631.5219

# INTRADISTRICT TRANSFER REQUEST

For School Year : 20 \_\_\_\_ 20 \_\_\_\_ Grade: \_\_\_\_ Continuing Student Yes  No  Student ID # \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Student Information:** \_\_\_\_\_ D.O.B : \_\_\_\_\_  
*Last First Middle Initial*

Sex: M F Check any/all that apply to your student:  IEP  504 Plan  GATE  SARB  
(Office Use Only) Verified by: \_\_\_\_\_

**Parent/Guardian Information:** \_\_\_\_\_  
*Last Name, First*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*City State Zip*

**District of Residence:** \_\_\_\_\_

**School Now Attending or Last Attended:** \_\_\_\_\_

**School of Desired Attendance:**

- Bonsall Elementary  Sullivan Middle School  
 Vivian Banks Charter  
 Bonsall West

**Reason for Request:**

- A) Continuing Student  B) Specialized Courses  C) Child Care  
 D) Social/Academic Adjustment  E) Employment Related  F) Change/Planned Change of Residence  
 G) Transportation  H) Other:

Parent Comments: \_\_\_\_\_

Once accepted on an intradistrict transfer, a student shall not have to reapply for a transfer the following year unless the student's residence changes. Your signature below acknowledges that you have read and understand this form and that all the information provided on this form is accurate and complete. False or misleading information may be cause for denial or revocation of a transfer. Your signature below acknowledges that parent/guardian must provide their own transportation.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY**

- Approved  
 Denied Reason for Denial:  Grade/School Impacted

\_\_\_\_\_  
*Signature of Administrator*

\_\_\_\_\_  
*Date*

*Please submit this form in person to the Student Services Office located at:  
31505 Old River Road, Bonsall CA  
92003 Room 4*