

INTRA-DISTRICT TRANSFER REQUEST

Intra-District Transfer period: December 1st – January 31st

Requests received on or after February 1st will not be accepted

Galt Joint Union High School District

12945 Marengo Road

Galt, California 95632

Instructions for completing the application:

1. Special Education: Please contact Director of Special Education at 209-745-3061 ex. 1021
2. All other Students: Please complete the following steps:
 - a. Parent to complete and sign the attached Intra-District Transfer Request. In order to ensure that priorities for enrollment in district schools are implemented in accordance with law. Applications for Intra-District transfers shall be submitted between December 1st and January 31st of the school year preceding the school year for which the transfer is requested.
 - b. **The transfer request and all supporting materials must be completed and submitted to the District Office at 12945 Marengo Road, Galt. Applications will not be accepted at the school sites.**
 - c. If there are more requests for a particular school than there are spaces available, a random drawing shall be held from the applicant pool. A waiting list shall be established to indicate the order in which applicants may be accepted if openings occur during the year. No students will be transferred after the date that the 4th quarter begins.
 - d. In all cases, the burden of establishing the merit of the request for transfer rests with the applicant.
 - e. Any falsification of information or any withheld information may result in denial of the intra-district request or the revocation of the intra-district privilege.
 - f. A written response to your request will be mailed according to the order in which it was received and such response will occur by the end of February after the close of the Intra-District Transfer period.
 - g. If approved, the request will be mailed directly to the requested school.
 - h. Appeals for denial should be sent to the District's Director of Educational Options in writing for consideration no later than **March 15**.
 - i. Approved requests must confirm their enrollment within ten (10) days. Please contact Sonya Powaser at (209) 744-4250 ex. 2012.
 - j. Once enrolled, a student shall not be required to reapply for readmission. However, the student may be subject to displacement due to excessive enrollment.
 - k. **Once an Intra-District Transfer is approved, it will remain in effect for the remainder of the student's high school years in Galt Joint Union High School District, but can be revoked for failure to maintain satisfactory grades, attendance and behavior.**

The Superintendent and/or designee may approve the Intra-District Request based on the following:

- a. Transfer request decisions may be considered based on special family needs (i.e. medical)
- b. Transfer request decisions **shall not be** based on a student's academic or athletic performance, except that existing entrance criteria for specialized schools or programs may be used provided that the criteria are uniformly applied to all applicants. Academic performance may be used to determine eligibility for, or placement in special programs

Please note:

- Failure to maintain satisfactory grades, attendance and behavior may result in the revocation of the intra-district transfer. Achievement must be evident at each interim report card period.
- All California Inter-Scholastic Federation and Sac-Joaquin Section rules and regulations regarding athletic eligibility shall apply to all students granted intra-district transfer(s)

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First and Last Name of Student: _____

Current Grade Level: _____ DOB: _____ Male _____ Female _____

Parent/Guardian Information:

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

School of Residence: _____

School Requested: _____

Reason for Transfer Request:

Explanation: (please use additional pages if necessary)

If you have any questions and/or concerns, please feel free to contact the District Office at 209-745-3061

If applicable, please list the first and last name of siblings already in attendance of the requested school:

Sibling First and Last Name: _____ Current Grade Level: _____

Sibling First and Last Name: _____ Current Grade Level: _____

Parent Signature

Date

Office Use Only:

Date	School of Residence	Authorized Signature	Approved: ____ Denied: ____
Date	School Requested to attend	Authorized Signature	Approved: ____ Denied: ____

09/01/2014 ~ This school district does not accept any form of discrimination harassment, intimidation, or bullying, based on actual or perceived characteristics of race or ethnicity, color, ancestry, nationality, national origin, ethnic group identification, age, religion, political affiliation, marital or parental status, mental or physical disability, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application has been made. If you need a reasonable accommodation to participate in the hiring process, Galt Joint Union High School District will provide you with one upon notice. Direct any complaints to: Director of Student Services, 12945 Marengo Rd, Galt CA, (209) 745-0249