



# 2019-2020 INTRADISTRICT TRANSFER APPLICATION

**Student Services** –Bldg. #1  
1830 S. Nogales Street  
Rowland Heights, CA 91748  
Phone (626) 935-8284

- All **NEW** students to the Rowland Unified School District must enroll online at <https://aeries.rowlandschools.org/enroll/> **before** submitting the Intradistrict Transfer Application
- **School of Residence Principal’s signature required**
- Submit completed application **ONLY** to: Student Services Department

Student Name \_\_\_\_\_ Grade in Aug. 2019 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Parent/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mother’s Phone (\_\_\_\_) \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ Father’s Phone (\_\_\_\_) \_\_\_\_\_  
City State Zip Code

Current/Last School \_\_\_\_\_ Assigned School of Residence \_\_\_\_\_

Preferred School \_\_\_\_\_

Please answer the following questions:

Does the student receive Special Education services? .....  Yes  No  
Does the student have a sibling attending the preferred school?.....  Yes  No

Print sibling’s name(s): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade(s) \_\_\_\_\_/\_\_\_\_\_

- Reason for Request** (\*Requires supporting documents see page 2 of Intradistrict Transfer Application)
- Child Care\*       Parent Employment\*       Sibling       Program: \_\_\_Dual Immersion Spanish \_\_\_Dual Immersion Mandarin
- Complete Final Year       Change in Residence       Continuing Enrollment       Other Reason (Please explain on page 2)

### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

**Parent/Guardian Acknowledgement:** I understand that Prior to an Intradistrict Transfer being considered by the Director of Student Services, that as the parent/guardian I am required to meet with the principal/designee of the current RUSD school my child is attending, if **new** to RUSD, principal/designee of my school of residence. I understand that an incomplete application will not be processed.

I understand that I can only submit ONE application per school year and that the District’s placement decision is final. I understand that if I need to withdraw this application, I must contact Student Services within 5 days of the approval date. I understand that if approved, I must register my student at the preferred school and that space at the school of residence will no longer be available. An approved transfer may be revoked for any of the following reasons: (1) unsatisfactory attendance (2) unsatisfactory behavior and/or (3) providing false information. For high school requests, I understand all California Interscholastic Federation (CIF) rules and regulations regarding such transfers and athletic eligibility apply. I agree to provide my own safe and timely transportation (to and from school) for my student. I certify all of the information I provide to RUSD relating to this student’s transfer request and enrollment is true and correct and I agree with all conditions related to this application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Principal/Designee Acknowledgement:** I have met with the parent/guardian regarding the request to transfer.

Principal’s/Designee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Intradistrict Transfer Application 2019-2020 (district office use only)**

Approved  Denied      School Assigned to Attend: \_\_\_\_\_

Comment/Reason \_\_\_\_\_

Director of Student Services Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER REASON**

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Please complete **all** sections below if your reason is due to child care and/or employment and submit **all** of the following required documentation. Incomplete Intradistrict Transfer request will **not** be accepted.

- A copy of **both parent's** most recent pay stubs, to verify fulltime employment.
- A letter from employer on **letterhead** stationery indicating your weekly schedule for **both parents**.
- If the parent is self-employed, a business card **and** a copy of the business license must be submitted along with the employment information mentioned above for the other parent if applicable.
- A copy of the current fulltime class schedule (if the parent(s) is attending school).

**CHILD CARE PROVIDER INFORMATION**

Name of Child Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address of Child Care Provider: \_\_\_\_\_

Child Care will be provided: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Signature of Child Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone # \_\_\_\_\_

**NOTE:** We reserve the right to verify child care and employment at various times throughout the year. Falsified information will cause this request to be revoked.

I declare under penalty of perjury under the laws of the State of California that all information provided is true and correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_