



Intra-District Transfer Request Form

2018-2019 School Year

Students: _____ Grade(s) Level 20___ - ___: _____ Does student receive special education services?

_____ Yes No

Address: _____ City: _____ Zip: _____

Resident School: _____

Requested School: _____

Assigned School: _____

Parent/Guardian Telephone: (H) _____ (W) _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

Reason for Request: _____

I understand that this transfer may be revoked at any time if the pupil(s) fail(s) to comply with the school's rules regarding pupil behavior, attendance, including arrival/departure times, emergency contact and academic standards. I also understand per Board Policy and Administrative Regulation 5116.1 once enrolled, a student shall not be required to apply for readmission. However, the student may be subject to displacement due to excessive enrollment.

Parent Signature _____ Date _____

School Site Review: _____ Principal's Signature (Requested school) Date: _____

Approved { } Denied { } Mandatory { }

Reason for Denial

L.U.S.D. Internal Use Only:
Received: _____
Sent to school site: _____
Ratified Date: _____
Notified Parent on: _____

District Approval - signature

Date