

### INTRADISTRICT TRANSFER PERMIT

- Students must comply with BOUSD **Proof of Residence** requirements *and* be **registered at their school of residence/current school** before requesting a transfer to another school. **Students attending BOUSD on an Interdistrict Transfer permit may not request an Intradistrict Transfer permit.**
- BOUSD shall have no responsibility with regard to transportation outside the requested school's attendance area.
- Applications received between March 1-31 receive priority consideration. Applications filed on/after April 1st will not be considered until August when enrollment numbers are stabilized.
- Once an Intradistrict Transfer permit is approved, the student will continue at the requested school through the completion of 6th grade unless the Intradistrict Transfer permit is revoked.
- Approved Intradistrict Transfers may be revoked for 1) unsatisfactory attendance, 2) citizenship/behavior, 3) providing false information in making a transfer request, and 4) other reasons that may be determined by the Board of Education.

Parent  
Initials

**I have read and understand the conditions for the Intradistrict Transfer.**

**GRADE**

**Student's Name:** \_\_\_\_\_  
LAST FIRST / M.I. BIRTH DATE 2018-2019 2019-2020

**PREVIOUS Name of School:** \_\_\_\_\_

**CURRENT School of Residence:**

<input type="checkbox"/> Arovista	<input type="checkbox"/> Country Hills	<input type="checkbox"/> Fanning
<input type="checkbox"/> Laurel Magnet	<input type="checkbox"/> Mariposa	<input type="checkbox"/> Olinda

**REQUESTED School:**

<input type="checkbox"/> Arovista	<input type="checkbox"/> Country Hills	<input type="checkbox"/> Fanning
<input type="checkbox"/> Laurel Magnet	<input type="checkbox"/> Mariposa	<input type="checkbox"/> Olinda

**Address of Student:**

_____		_____	
Current Resident Address		Previous Address (if relocated during school year/break)	
_____	_____	_____	_____
City	Zip	City	Zip

**Parent(s)/Guardian(s):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
PLEASE PRINT

**Parent/Guardian Contact Information:**

_____	_____	_____	_____
Home Phone	Mother's <input type="checkbox"/> Cell <input type="checkbox"/> Work	Father's <input type="checkbox"/> Cell <input type="checkbox"/> Work	
_____	_____	_____	_____
Primary Email Address	Other Email Address		

**REASON FOR REQUEST:**

<input type="checkbox"/> Changed residence during school year/break	<input type="checkbox"/> Safety concerns – (attach explanation)
<input type="checkbox"/> Sibling currently attending the requested school	<input type="checkbox"/> Other (explain):
Sibling Name: _____ Current Grade: _____	
<input type="checkbox"/> Specialized Program – (attach explanation)	

Does the student have an IEP/504 Plan?	Yes	No
If yes, name of service: _____		

**I CERTIFY THAT ALL INFORMATION SUBMITTED ON MY APPLICATION AND SUPPORTING DOCUMENTATION IS TRUE AND CORRECT.**

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

ACTION BY DISTRICT		
The above name student is:	<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>
for attendance at _____ School		
Authorized Signature: _____	Title: _____	Date: _____