

Received Date \_\_\_\_\_



Hemet Unified School District. 2085 W. Acacia Ave. Hemet, Ca 92545  
**INTRA-DISTRICT TRANSFER REQUEST 2020-21**  
**PRIORITY WINDOW – JANUARY 1, 2020 – FEBRUARY 15, 2020**  
**SUBMIT ONE APPLICATION PER STUDENT**

Type or print information. Return form to: Student Support Services - Hemet Unified School District Office  
For information or questions, call 951-765-5100 Ext. 3580

Name of Student	Student ID	Grade for 2020-2021	Birth Date	School of Residence	Current School of Attendance	2020-2021 School Requested

Name(s) of Parent(s) Guardian(s) (Please circle correct relationship)

Father/Mother/Guardian	Primary Phone	Father/Mother/Guardian	Primary Phone

Residence Address	City	Zip Code	Home Phone/Cell

Mailing Address, if different: \_\_\_\_\_

Special Education Program:  No  Yes Please specify: (Resource Program, Special Day Class, Speech, ect.)

Reason for Transfer:  Continuing  Sibling  Work  Transportation

Other: \_\_\_\_\_

I understand that:

- I am responsible for my student's transportation
- When a student enters Middle and/or High School, a new transfer application is necessary
- Transfer request may be denied if:
  - My student's attendance falls below 90%
  - My student disrupts school climate (5 or more discipline referrals or 1 out of school suspension)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**DISTRICT USE ONLY**

Current Attendance: \_\_\_\_\_ Discipline Referrals: \_\_\_\_\_

District Action:  Granted  Denied

Reason:  Program  Impacted  Conditional

Revoked Date: \_\_\_\_\_

Continuing  Sibling  Transportation

Other: \_\_\_\_\_

- Database
- Aeries
- Database
- Mailed
- E-Mailed

\_\_\_\_\_  
Signature of District Representative

\_\_\_\_\_  
Date