



# 2018-19 INTRADISTRICT TRANSFER APPLICATION

### Student Services

1830 S. Nogales Street  
Rowland Heights, CA 91748  
Building #1  
Phone (626) 935-8284

- New students to the Rowland Unified School District **must** pre-enroll online at: <https://aeries.rowlandschools.org/enroll/> before submitting an Intradistrict Transfer for 2018-2019.
- Schools **may not** accept Intradistrict Transfers. Please submit to: Student Services Department

Student Name \_\_\_\_\_ Grade in Aug. 2018 \_\_\_\_\_ 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** \*Please attach the required supporting documents (page 2 of Intradistrict Transfer)
- 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

I understand that Prior to an Intradistrict Transfer being considered, I, as the parent/guardian, am required to meet with the principal/designee of the current RUSD school, if new to RUSD, my school of residence. I understand that an incomplete application will not be processed.

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

**Principal's/Designee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Acknowledgement:** I understand that I can only submit ONE application per school year and that I cannot change or withdraw this application once submitted. I understand that the District's placement decision is final. If approved, I understand that I must register my student at the requested 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** \_\_\_\_\_

Approved  Denied      School Assigned \_\_\_\_\_

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

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

**OTHER REASON**

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**CHILD CARE and/or EMPLOYMENT VERIFICATION**

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

**Student Name:** \_\_\_\_\_

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

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

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

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

- Copy of current pay stubs, to verify fulltime employment (both parents).
- Letter from employer on **letterhead** stationary indicating your weekly schedule (both parents).
- If 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.

**Father's Name:** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

Company Name: \_\_\_\_\_ **Work Schedule:** \_\_\_\_\_

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

**Mother's Name:** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

Company Name: \_\_\_\_\_ **Work Schedule:** \_\_\_\_\_

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

**NOTE:** We reserve the right to verify child care 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:** \_\_\_\_\_