



Atwater Elementary School District
 1401 Broadway Avenue, Atwater CA 95301
 (209) 357-6100 x 305

E 5116.1 (f)

INTRADISTRICT APPLICATION

Mid-Year Request
(starts September 15th)

Next Year Request

Current School Year: _____
 Current Grade Level: _____
 School Enrolled in: _____
 School of Residence in current year: _____

Requested School Year: _____
 Grade in Requested School Year: _____
 Preferred School: _____
 Alternate School: _____

Student Name: _____
 Name of Parent/Guardian: _____
 Address: _____
 Special Circumstance: _____

Date of Birth: ____/____/____ Age: _____
 Phone Number: _____
 City: _____

Special Services/Programs Needed: Resource Special Day Speech/Language Limited English
(Placement of students receiving Special Ed services is determined by availability and capacity of services at the requested school.)

Do siblings already attend the requested school? Yes No

Intra-district agreements may be revoked if the student fails to meet the criteria listed below:

- a. Student must maintain regular attendance.
- b. Student must observe school rules and regulations.
- c. Student must arrive to class on time each day.
- d. Student must maintain positive behavior.
- e. Student must meet enrollment criteria as established in Board Policy 5116/5117.

1. Transportation is the responsibility of the parent/guardian
2. No students currently residing within a school's attendance area shall be displaced by another student transferring from outside the attendance area.
3. Students who move from the school attendance area mid-year will not be required to transfer until the following school year, but an Intradistrict form must be filed. Student will begin to attend the home school at the beginning of the next school year.
4. All mid-year placements are TEMPORARY.

I have read and agree to the terms: () Yes () No

 Parent/Guardian Signature

 Date

FOR OFFICE USE ONLY

Principal of Requested School: Approved Denied Comment _____ Signature _____ Date _____

Principal of Attending School: Approved Denied Comment _____ Signature _____ Date _____

Asst Supt/Admin Services: Approved Denied Comment _____ Signature _____ Date _____

Temporary Placement _____ Permanent Placement _____