Kern High School District
School Support Services

INTRA-DISTRICT TRANSFER APPEALS HEARING REQUEST

The decision of the appeal panel is FINAL

Student's Name: Last First	**Grade:**	**Date of Birth**	**Home Phone**
Parent/Guardian's Name:	**Address City Zip Code**		**Work #**
Student's Schools of Residence	**School Student is Requesting to Attend:**		**Student UID #**

Statement from parent/guardian, which gives, detailed explanation of reasons for appeal (there must be significant added information or documentation attached to support the appeal other than reasons stated on the original request for transfer).

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Athletic event student has or will participate in:

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Upon receipt of this signed form the Appeals Committee will be notified and parents/guardians will be contacted as to an appointment time for the hearing.

_____ Date:_____

Signature of Parent/Guardian

Return to: Kern High School District, Attn: School Support Services, 5801 Sundale Avenue, Bakersfield, CA 93309

10/2018

OFFICE USE ONLY

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COMMITTEE RECOMMENDATIONS

COMMITTEE MEMBER:	APPROVED	DENIED	DATE

COMMENTS: