

Received Date _____



Hemet Unified School District. 2085 W. Acacia Ave. Hemet, Ca 92545
INTRA-DISTRICT TRANSFER REQUEST 2019-20
PRIORITY WINDOW – JANUARY 1, 2019 – FEBRUARY 15, 2019
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 2019-2020	Birth Date	School of Residence	Current School of Attendance	2019-2020 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