UNION SCHOOL DISTRICT
REQUEST FOR INTRA-DISTRICT TRANSFER **No_____**

Please complete registration on line (www.unionsd.org) and at your school of residence for each student.

PLEASE BE SURE YOU READ THE ACCOMPANYING COPY OF OPEN ENROLLMENT "ADMINISTRATIVE RULES AND REGULATIONS", BEFORE COMPLETING THIS FORM. COMPLETE ONE FORM FOR **EACH** STUDENT TRANSFER REQUESTED. REQUESTS FOR NEXT YEAR ACCEPTED **AFTER** JANUARY 1ST. **DEADLINE** MARCH 1ST.

(PLEASE PRINT)

1. Student's Name_____
(Last) (First) (Date of Birth)

Address_____
(Street) (City) (Zip)

2. Parent or Guardian's Name_____
(Last) (First)

Address_____ Phone_____

3. Home School_____ 4. School Requested_____

4. CHECK **ONE ONLY**: ○ Current School Year, Grade_____ ○ Next School Year, Grade_____
INDICATE GRADE School Year 20_____/_____ School Year 20_____/_____

5. Sibling(s) currently attending school requested? ○ Yes ○ No
If yes, current school year grade(s)_____

6. Reason for Request_____

_____

*** 7. Does your student have any Special Instructional Needs?** ○ **Yes** ○ **No**
If yes, indicate need_____

_____

8. I understand that my student's transportation to the school is my responsibility and that his/her attendance and punctuality will not be affected by this intra-district transfer.

9. Signature below denotes both affirmation of request, and that Open Enrollment "Administrative Rules and Regulations" have been received and read. **Signature below denotes acceptance of policy that "Requests submitted after March 1st will probably not be approved."**

Requested by_____ Date_____
(Signature)

DISTRICT OFFICE USE ONLY.

○ APPROVED ○ DENIED ○ WAITING LIST STATUS ○ ADMINISTRATIVE PLACEMENT

NOT APPROVED for the following reason(s):

☐ The enrollment of an attendance area student would result in a class size penalty as specified in Educational Code 41376 and 41378.

☐ The enrollment of an attendance area student after October 1st would result in a contractual obligation.

☐ School attendance is at or exceeds 92% capacity as determined by District formula.

Assist. Supt. Human Resources_____ Date_____

*Students with special instructional needs must have the approval of the Director of Special Services.

Director Special Services_____ Date_____

Distribution: (District Office Holds "Waiting List" Status Request)
Original to District Office - One copy to each of the following: Parent, Receiving School, Home School (Revised 8/14)