

Campbell Union High School District
INTERDISTRICT TRANSFER APPLICATION AND PROCEDURE

Board Policy on Transfer: It is the policy of the Board of Trustees that students residing in the Campbell Union High School District shall attend the school which serves their respective attendance area of legal residence. Under extenuating circumstances, a student may be granted an interdistrict transfer.

PARENT/LEGAL GUARDIAN, PLEASE COMPLETE (*PRINT OR TYPE*) THIS FORM AND SUBMIT APPLICATION TO:
 CUHSD Office, 3235 Union Ave., San Jose, CA 95124-2096 Attn: Interdistrict Transfers (408) 371-0960

Student's Last Name _____ First Name _____
 School of Residence _____ District Requested _____ School Requested _____
 Parent/Guardian Name _____ Work/Cell Phone _____ Home Phone _____
 Home Address _____ City _____ Zip _____
 New Request _____ or Renewal _____ For School Year 20____ / 20____
 Grade Level for *school year requested*: 9 10 11 12 Student's Date of Birth ____/____/____ Female____ Male____
mm / dd / yyyy

SPECIAL PROGRAMS

Does student have a 504 Plan? Yes__ No __ Or an IEP? Yes__ No __
 Does student receive Special Education services? No __ Yes __ Current IEP for SDC ____ RSP____ Speech ____ Other ____

**INTERDISTRICT TRANSFERS WILL BE CONSIDERED FOR THE REASONS LISTED BELOW.
 CHECK THE REASON THAT APPLIES TO YOUR REQUEST.**

- ___ **Psychological and Social Adjustment:** Requires evidence that a successful adjustment to the school of residence cannot be made.
- ___ **Change of Residence:** Considered when family housing is being arranged in a new attendance area and the request is to (a) enroll at the new school before the move or (b) remain at the old school after the move. Documentation must be provided and attached to this form. This reason is valid only when the move is to take place **during** the regular school year.
 Old Address _____
- ___ **Senior Privilege:** Considered when a graduating senior has completed the junior year but family has moved to another attendance area.
- ___ **Professional Courtesy:** Must attach a verification of employment letter on school district letterhead to be considered.

COMMENT ON THE CIRCUMSTANCES OF YOUR REQUEST:

This agreement is valid only while the conditions stated on the application are maintained and will be continued as long as the pupil provides his/her own transportation and maintains attendance, behavior, and scholarship which is satisfactory to the school of attendance. Maintaining satisfactory behavior requires that the student comply with all directives and requests of administrators, teachers, staff, and School Resource Officers, not violate school rules, and not engage in any behavior for which a suspension or expulsion might occur.

I understand this transfer request is for one (1) school year only and must be renewed every school year before the start of the next school year. [] Yes

Parent/Guardian Signature _____ Print Name _____ Date ____/____/____

CUHSD Office Use Only

Date Received (use date stamp) _____ Approved _____ Denied _____ ~~XXXX~~
 Signed _____ Date _____
 CUHSD Director of **Student Services or Special Education**

Student Services Clerk

 Soc. Adj.
 Chg. of Res.
 Sr. Privilege
 Prof. Courtesy
 Sibling
 Other

NEW DISTRICT Office Use Only

District Name _____ Approved _____ Denied _____
 Signed _____ Title _____ Date _____
IF Special Education applies: Approved _____ Denied _____
 Signed _____ Title _____ Date _____