



Fallbrook Union
Elementary School District

INTRADISTRICT TRANSFER REQUEST

For School Year : 20 ____ 20 ____ Grade: ____ Continuing Student Yes No Student ID # _____

Student Information: _____ D.O.B : _____
Last First Middle Initial

Sex: M F Check any/all that apply to your student: IEP 504 Plan GATE SARB

(Office Use Only) Verified by: _____

Parent/Guardian Information: _____
Name Date

Home Phone: _____ Cell Phone: _____

Address: _____
City State Zip

School of Residency: *(School student should be attending)* _____

School Now Attending or Last Attended: _____

School of Desired Attendance:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fallbrook Stem Academy | <input type="checkbox"/> La Paloma | <input type="checkbox"/> Mary Fay Pendleton |
| <input type="checkbox"/> San Onofre | <input type="checkbox"/> Fallbrook Homeschool Academy | <input type="checkbox"/> Live Oak |
| <input type="checkbox"/> Potter Jr. High | <input type="checkbox"/> William H. Frazier | <input type="checkbox"/> Maie Ellis |

Reason for Request:

- | | | |
|--|---|--|
| <input type="checkbox"/> A) Continuing Student | <input type="checkbox"/> B) Specialized Courses | <input type="checkbox"/> C) Child Care |
| <input type="checkbox"/> D) Social/Academic Adjustment | <input type="checkbox"/> E) Employment Related | <input type="checkbox"/> F) Change/Planned Change of Residence |
| <input type="checkbox"/> G) Transportation | <input type="checkbox"/> H) Other: | |

Parent Comments: _____

The Governing Board of the Fallbrook Union Elementary School District permits school choice options on a space-available basis for residents of the District. Approval for school choice shall be determined by lot and a waiting list shall be established to indicate the order in which students may be accepted as openings occur. I understand that parents must provide their own transportation.

SPECIAL NOTES: Once accepted on an intradistrict transfer, a student shall not have to reapply for a transfer the following year unless the student's residence changes. However, the school of desired attendance may revoke an intradistrict transfer at the end of the trimester due to unsatisfactory attendance and/or behavior. Your signature below acknowledges that you have read and understand this form and that all the information provided on this form is accurate and complete. False or misleading information may be cause for denial or revocation of a transfer.

Parent/Guardian Signature

Date

OFFICE USE ONLY

- | | | | |
|--|---------------------------|-------------------------------------|--|
| <input type="checkbox"/> Approved | | | |
| <input type="checkbox"/> Denied | <i>Reason for Denial:</i> | <input type="checkbox"/> Discipline | <input type="checkbox"/> Attendance <input type="checkbox"/> Grade/School Impacted |

Signature of Administrator

Date

Submit this form in person to the Student Services Office located at 321 Iowa St. (Room 402)