

LOS ALAMITOS UNIFIED SCHOOL DISTRICT
10293 Bloomfield Street • Los Alamitos, California 90720
(562) 799-4700

**PARENT REQUEST FOR INTRADISTRICT ATTENDANCE TRANSFER
MIDDLE SCHOOL**

SCHOOL YEAR for which application is being made: 20 ____ - 20 ____

GRADE for which application is being made: _____

Current School: _____

Name of Student _____ Date of Birth _____
Last Name First Name

Parent/Guardian _____ Relationship _____
Last Name First Name

Residence Address _____ Phone (____) _____
Number Street City

School of Residence: McAuliffe Oak

Request Transfer To: McAuliffe Oak

Reason for Request for Transfer _____

I agree to furnish transportation for this student from area of residence in order for him/her to attend the school requested. I realize it is my responsibility to notify the school of attendance of any changes in conditions that have necessitated this transfer.

I understand this agreement is effective through 8th grade, school year of 20 ____ - 20 ____, unless cancelled in writing by the parent for the next school year.

Date

Parent/Guardian Signature

Request Approved

Request Approved

Request Not Approved

Request Not Approved

Principal – School of Attendance

Principal – Requested School of Attendance

Comments _____

Date to Parent _____