

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

**PARENT REQUEST FOR INTRADISTRICT ATTENDANCE TRANSFER  
ELEMENTARY**

**SCHOOL YEAR for which application is being made: 20\_\_\_\_ - 20\_\_\_\_**  
**GRADE for which application is being made: \_\_\_\_\_**

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:  Hopkinson  Los Al Elementary  Lee  McGaugh  Rossmoor

Request Transfer To:  Hopkinson  Los Al Elementary  Lee  McGaugh  Rossmoor  Weaver

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 5<sup>th</sup> 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 \_\_\_\_\_