



INTRA-DISTRICT TRANSFER REQUEST APPLICATION OPEN ENROLLMENT: JANUARY 10 THROUGH MARCH 11, 2022

This form is for Oak Grove residents only. This form is not a school registration form; it is used to request attendance at a school site other than the student’s home school. School registration forms need to be completed at the student’s home school of residence. Transfer requests for issues regarding safety/bullying, social adjustment, student behavior and dissatisfaction with the school staff must begin with the school site Principal. Intra-district Transfers for these reasons will not be processed. **Transportation is not provided for Intra-district Transfer students.**

Requested School: _____ Home School: _____

Student Name: _____ Requested School Year: _____

Date of Birth: _____ Student ID Number: _____ Grade: _____
(for year requested)

Parent/Guardian’s Name: _____ Email: _____

Home Address: _____ San Jose, CA Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Is the student receiving special services? NO Yes RSP Speech SDC
(Check all that apply)

Special Day Class students’ will be placed or transferred by a Program Specialist.

Reason for request (check all that apply):

- Overflow:** Student was assigned to the requested school as an overflow, because your attendance boundary school was full.
- TK:** Attended Transitional Kindergarten at the requested school.
- Change of Address:** You recently moved out of the attendance boundaries of the school you are requesting.
- Are you an OGSD employee?** No Yes If yes, please indicate location? _____
- Sibling:** Student has a sibling currently enrolled at the requested school. _____
(Name of Sibling)
- Child Care:** An affidavit for child care must be submitted with application (please complete the back of this form, if applicable). Child care should be within the school boundaries of the requested school.
- Employment:** Verification of employment must be submitted with application. Employment should be within the school boundaries of requested school.
- Other:** Please attach reason for request.

Important: Please send this application to District Office. In the event requests exceed the number of openings, the law requires assignments be made in a random, unbiased manner (lottery). Student applications not placed will be wait-listed and notified by phone, if space becomes available within the first two weeks of school.

Parent/Guardian Signature

Date

(FOR DISTRICT OFFICE USE ONLY)	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____	DATE: _____

OAK GROVE SCHOOL DISTRICT

INTRA-DISTRICT TRANSFER REQUEST

CHILD CARE AFFIDAVIT

(Please complete only if Child Care is the reason for the request)

This is to certify that I, _____
(Last Name) (First Name)

provide Child Care for : _____
(Student Last Name) (Student First Name)

who is attending: _____
(Name of School) (Grade)

1. Name of Child Care Facility: _____

2. Address: _____
(Street) (City) (Zip)

3. Facility/Provider's Phone Number: _____

4. Child Care is provided on the following days: M T W T F

(Please check all that apply)

5. Child Care is provided for the following hours: _____

6. How long have you provided Child Care for this student? _____
(Years/Months)

I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Misrepresentation of facts will result in revocation of transfer request.

Signature of Parent/Guardian _____ Date _____

Signature of Child Care Provider _____ Date _____

District Office Use Only

Verification made by: _____