



ALLEN BILL TRANSFER REQUEST

(Please complete all information and return to the TCUSD Student Services Office. Incomplete Student Transfer Requests will not be accepted.)

(please print)
Student's Name: _____ Date of Birth: _____ Age: _____ Grade in Aug.: _____
Address: _____ City _____ Zip _____
Home Phone:_(_____) _____ Parent Work Phone:_(_____) _____
Previous address if recently moved: _____ City _____
School attended previously/currently: _____ District of Residence: _____
REQUEST PERMISSION TO ATTEND: _____ School in TEMPLE CITY Unified School District.

Reason for this Request:

- () Parent(s) employed by Temple City Unified School District
POSITION & SITE: _____ / _____
() Parent(s) employed within Temple City Unified School District boundaries-must complete information below & provide proof

Please provide employer name, address and telephone number and attach a copy of current pay stub.

Name: _____
Address: _____ Phone: _____

The Temple City Unified School District reserves the right to refuse any Request for Transfer or to cancel any transfer granted if, in the opinion of the district administration, the applicant has falsified or misrepresented information concerning this request. Random verifications are conducted throughout the year.

I have read and understand the above statement and conditions and hereby declare that the information I have provided is true and correct.

Print Parent's/Guardian's Name _____ Parent's/Guardian's Signature _____ Date _____

(DO NOT WRITE BELOW THIS LINE -- DISTRICT OFFICE USE ONLY)

DISTRICT ACTION

[] APPROVED [] DENIED Date: _____

Comments: _____

Signed: _____

Christopher Holmes, Director of Student Services