

TITLE IX SEX DISCRIMINATION/SEXUAL HARASSMENT

REQUEST FOR TRANSFER

School: _____ Date form submitted to campus principal: _____

Name of Student: _____ Date: _____

Name of Parent/Guardian: _____ Phone: _____

Address: _____ City, State, Zip: _____

- Request for a transfer to Another Classroom
- Another Campus

Please use additional pages as needed.

Please explain the nature of the bullying, harassment, sexual harassment, or dating violence (please use initials to indicate other students): _____

Has this behavior had a negative impact on your student? Please explain.

Was this behavior previously reported to a campus administrator? Yes No

If "yes," please indicate dates, the campus contact person, and any actions taken at that time (e.g., complaint, stay away agreement, mediation, conflict resolution, etc.)

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Please submit this form to your campus principal.

Within 3 (three) School Days, a school administrator will meet with you to discuss your request.

Date meeting held: _____

School administrator's decision: Verified Not Verified

Date of decision: _____ Date of Parent/Guardian notification: _____

If verified: Another classroom Another School

Administrator's signature: _____ Date: _____

Basis for decision: _____

If the school administration DOES verify that the student is a target of sexual discrimination, sexual harassment, or dating violence and a transfer was approved to another classroom, the school administration will work to accommodate this change by _____ (14 calendar days from the date of the notification of approval).

If the school administration DOES verify that the student is a target of sexual discrimination, sexual harassment, or dating violence and you wish to pursue a transfer to another school, please bring this form to the Office of Student Services (1574 Canal Drive, WW1, phone 209-667-0632(3)) within 14 calendar days of the date of notification. The Office of Student Services will provide transfer by _____ (14 calendar days from the date it was received by Student Services.)

Date received by Student Services: _____ (to be entered by Student Services only.)

Requests for a transfer to a particular school are reviewed on a space-available basis and observation of class-size caps.

Please understand that the receiving school will have the right to revoke this transfer under certain conditions.

NOTE: The district is not required to provide transportation for a transfer under this provision.