



# INTRA-DISTRICT TRANSFER AGREEMENT

**TK through 6<sup>th</sup> Grade - Due February 1st at Requested School for Elementary School Students.**

**Current School Year:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **School Currently Enrolled In:** \_\_\_\_\_

**School of Residence in 2022/23:** \_\_\_\_\_

**Requested School Year:** **2022-2023**

**Grade in Requested School Year:** \_\_\_\_\_

**Requested School:** \_\_\_\_\_

**IS STUDENT ENROLLED IN SPECIAL EDUCATION?** Yes  No

**Print Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Print Parent(s) or Guardian Name:** \_\_\_\_\_

**Legal Residence Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**APPROVAL IS BASED ON SPACE AVAILABILITY. TRANSPORTATION IS TO BE PROVIDED BY PARENT.**

Priority reason for request (*Level 1 or Level 2 requests need to be complete or student will be placed in Level 3.*)

Level 1  Parent is a Turlock Unified School District permanent employee or current Trustee.  
School Site of Employment: \_\_\_\_\_

Level 2  Sibling(s) attends requested school.  
Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Level 3  **NEW** (Student will be placed in an unbiased random draw process based on school, grade, and priority level.)

If approved, this Agreement shall be effective for twelve (12) consecutive months commencing August 2022. **This Agreement shall renew for additional periods of twelve (12) months each (one school year) unless one party has provided notice of cancellation to the other party no later than February 1<sup>st</sup> of preceding year.** Turlock Unified School District reserves the right to cancel agreements due to irregular attendance, unsatisfactory grades and/or unacceptable behavior.

I agree: Yes  No

Signature of Parent/Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**TUSD OFFICE USE ONLY**

1. Office Staff Receiving Agreement: \_\_\_\_\_ Date: \_\_\_\_\_

Student currently enrolled

Overflow Student

2. Principal of Requested School: Approved   
*(Approval to enter into lottery)* Denied  Space \_\_\_\_\_ Other \_\_\_\_\_  
Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

3. Special Education Director: Approved  Denied  Reason denied: \_\_\_\_\_  
Signature of Special Education Director: \_\_\_\_\_ Date: \_\_\_\_\_

4. Student Services Director: Approved   
*(FINAL APPROVAL)* Denied  Space \_\_\_\_\_ Other \_\_\_\_\_  
Signature of Student Services Director: \_\_\_\_\_ Date: \_\_\_\_\_

Emailed: \_\_\_\_\_

Scanned: \_\_\_\_\_

Rescinded: \_\_\_\_\_

**Please CANCEL Intra-District Agreement. We are requesting to return to \_\_\_\_\_ our school of residence.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Turlock Unified School District

ACUERDO de TRANSFERENCIA DENTRO DEL DISTRITO

Grados TK- 6 - Debido el primero de febrero en la oficina de la escuela solicitada.

Año escolar en curso:
Grado al presente:
Escuela de residencia en 2022-2023:

Año escolar solicitado: 2022-2023
Grado en el año solicitado:
Escuela solicitada:

¿ESTA MATRICULADO EL ESTUDIANTE EN EDUCACION ESPECIAL? SI NO

Imprima Nombre del Estudiante:
Edad:
Fecha de Nacimiento:
Imprima Nombre de Padre/Tutor:
Domicilio de Residencia Legal:
Teléfono por Día:
Teléfono Celular:
correo electrónico:

APROBACION ES BASADO EN LA DISPONIBILIDAD DE ESPACIO. TRANSPORTACION SERA PROVEIDO POR EL PADRE.

Marque la razón prioritaria para la solicitud. Tiene que completar el Nivel 1 o Nivel 2 o el estudiante será puesto en Nivel 3.

- Nivel 1 El padre/madre es un empleado permanente de una escuela en Turlock o miembro de la Mesa Directiva.
Nivel 2 Hermano(a) que asiste la escuela solicitada.
Nivel 3 NUEVO (El nombre del estudiante será puesto en un proceso de sorteo de lotería basado en la escuela solicitada, grado y nivel de prioridad.)

Si es aprobada, este acuerdo será efectivo por doce (12) meses consecutivos comenzando en agosto de 2022. Este Acuerdo será renovada por periodos de doce (12) meses (o un año escolar) a menos que una persona haya proveído un aviso de cancelación antes del 1º de febrero del año anterior. El Distrito Unificado Escolar de Turlock reserva el derecho de cancelar los acuerdos debido a la asistencia (95%), grados muy bajos (GPA más bajo de 2.0) un comportamiento inaceptable (ninguna suspensión).

Estoy de acuerdo: Si No

Firma del Padre/Tutor:
Fecha:

SOLAMENTE PARA EL USO DE LA OFICINA DE TUSD

1. Office Staff Receiving Agreement:
Date:
2. Principal of Requested School:
Approved
Denied
Space
Other
Signature of Principal:
Date:

Student currently enrolled
Overflow Student

3. Special Education Director:
Approved
Denied
Signature of Special Education Director:
Date:

4. Student Services (District Office):
Approved
Denied
Space
Other
Signature of Student Services Director:
Date:

Emailed:
Scanned:
Rescinded:

Quiero CANCELAR el Acuerdo de Transferencia Dentro el Distrito. Queremos regresar a nuestra escuela de residencia
Firma del Padre/Tutor:
Fecha:
Firma del Director(a):
Fecha: