HAYWARD UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance (CWA)
24823 Soto Road, Hayward, CA 94544

| OFFICE USE ONLY |
|---|
| DATE RECEIVED |
| STAFF |
| CODE -- |

# SPECIAL CIRCUMSTANCE / OPEN ENROLLMENT TRANSFER APPLICATION

☑ **SPECIAL CIRCUMSTANCE TRANSFER** **OPEN ENROLLMENT** **(January 18 through February 15 ONLY)**

Requested school year for transfer 2022-23

- For any Transfer Application, any inaccurate or omitted information invalidates this transfer request
- **Victims of violent crimes, health or safety circumstances** must have written verification from an appropriate agency including but not limited to school official, law enforcement, social worker, properly licensed or registered health professional or court order.
- Except as required by policy and regulation – **TRANSPORTATION MUST BE PROVIDED BY PARENT/GUARDIAN**
- School transfer may affect athletic eligibility per California Interscholastic Federation (CIF) regulations
- Any changes of address must be reported to the school of attendance within five (5) school days

| | | | | | |
|---|---|---|---|---|---|
| | | | | -- | -- |
| STUDENT LAST NAME | STUDENT FIRST NAME | STUDENT ID# | BIRTHDATE | GENDER | GRADE |

| | | |
|---|---|---|
| Select Requested School | Select School Attending | Select School of Residence |
| REQUESTED SCHOOL | SCHOOL ATTENDING | SCHOOL OF RESIDENCE |

| | | | |
|---|---|---|---|
| | | | |
| PARENT/GUARDIAN FIRST & LAST NAME | STREET NUMBER | STREET NAME | APT # |

| | | | | |
|---|---|---|---|---|
| | | | | |
| CITY | ZIP CODE | PHONE #1 | PHONE #2 | EMAIL |

## PRIORITY FOR OPEN ENROLLMENT / SPECIAL CIRCUMSTANCE TRANSFER:

☐ Guardian works at requested school ☐ Sibling enrolled at requested school - Name _____

## FOR SPECIAL CIRCUMSTANCE REQUEST (check reason below)

Language Program not available at school of residency (choose language program below):

☐ Bilingual Alternative ☐ Dual Language Immersion

☐ Continuing student ☐ Childcare / YEP offered at site ☐ Change of Address ☐ Boundary Change

☐ Hardship (submit documentation) _____

☐ Other _____

☐ Overflow student transferred due to home school at capacity

☐ Educational Program not available at school of residency (list specific program) _____

**SPECIAL PROGRAM / INDIVIDUAL EDUCATION PROGRAM~(IEP) - check below**

☐ Speech ☐ Resource Specialist Program (RSP) ☐ Special Day Class ☐ 504 Plan

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I understand and agree that once enrolled, this school becomes my student's home school and the student will remain at the approved school until promotion or graduation. Falsification of any information or failure to comply with board policies (BP 5111) will result in denial or termination of the transfer permit.

Parent/Guardian Signature _____ Date _____

## DISTRICT USE ONLY

☐ APPROVED ☐ DENIED ☐ WAITLIST NUMBER ___ (Open Enrollment Only) ☐ SPECIAL ED PROGRAM AVAILABLE ☐ VOID

_____ _____ _____

**CWA / EC OFFICIAL** **COMMENTS** **DATE**