



SANTA PAULA UNIFIED SCHOOL DISTRICT
 Educational Support Center
 201 S. Steckel Drive, Santa Paula, CA 93060

Date: _____
 Time: _____
 Initials: _____

INTRADISTRICT TRANSFER REQUEST FOR GRADES TK-5
 (Remain within the Santa Paula Unified School District)

SCHOOL YEAR REQUESTED: _____ GRADE: _____ CONTINUING STUDENT: YES No

Neighborhood/Current School _____ School Requested _____

Student's Name _____ Birthdate _____ Grade _____

Parent/Caregiver _____ Phone _____ (home)

Address _____ Phone _____ (work)
 Street City Zip

Siblings: Are there siblings currently enrolled at the requested school who will continue attending there:
 No _____ Yes _____ If yes, please list their name(s) and grade(s) below:

Name _____ Grade _____ Name _____ Grade _____

Does the student receive special education services? No Yes Which services? _____

Reason for request: (for statistical purposes only)

- Childcare
- School program preference
- Employment near school
- Other reason(s) (please describe) _____

I have read and understand the terms and conditions of this transfer request.

Parent/Guardian Signature _____ Date _____

➔ IMPORTANT: Enrollment in requested school is contingent upon space availability. Home-to-school transportation is the responsibility of the parent.

An Intradistrict Transfer Agreement may be revoked if the student's attendance falls below district expectations (more than 3 truancies/unexcused absences), the student's behavior fails to conform to the school site rules, or if the grade level that the student attends at a school site exceeds capacity.

FOR DISTRICT USE ONLY

Waiting List #: _____

APPROVED

DENIED

APPROVED

DENIED

Principal Signature _____
 Neighborhood _____

Date _____

Principal Signature _____
 Requested School _____

Date _____

For more information reference BP 5116.1