



Merced Union High School District

Intradistrict Transfer Request

ATTENTION: New students to the district will submit the form to the CWA office, located at 3500 G Street Merced. Current MUHSD students will submit the form to their site Associate Principal of Guidance.

Parent/Guardian, please print:

Student		ID#		Gr		DOB		
School of Residence			School Requested					
Parent								
Address				City			Zip	
Home Phone			Work Phone			Cell Phone		

Special Services/Programs Needed:

- Resource
 Special Day
 Speech/language
 GATE/AP
 Limited English
 Athletics

HARDSHIP REQUEST

Intra-district transfers are approved for hardship only. A hardship is defined as an unforeseeable, unavoidable and uncorrectable act, condition, or event, outside of the student's or family's control, which causes the imposition of a severe burden, unrelated to any curricular or co-curricular activity in which the student wishes to participate.

Note: Students approved for an intra-district transfer shall be *ineligible* for athletic participation for one (1) calendar year from the date of first attendance within the approved school. Appeals of denied transfer requests require the student to demonstrate that those circumstances that prevent attending his/her school of residence are involuntary and/or unavoidable so that the appeal committee could not reasonably expect the student to comply with the residency requirement.

All Transfers - The District provides bus transportation only for students who reside beyond designated walking distances, within Board established school attendance areas. The parent/guardian will be responsible for providing daily transportation to and from the school of requested attendance. **I understand this transfer may be revoked at the conclusion of any semester if my child does not maintain satisfactory grades, attendance, and behavior.** Future requests for siblings to attend the requested school will not be automatically approved.

Office Use On

School of residence Administrator _____

School requested Administrator _____ **Approved** **Denied**

CWA Administrator _____ Date _____

- Approved, criteria verified**
 Denied, does not meet criteria

Additional CWA Notes:

No transfers will be granted for social reasons, transportation problems, convenience, athletics, or school situations which are correctable.

Parent or guardian statement giving a detailed explanation of the absolute compelling need for their son/daughter to be granted an intradistrict transfer:

Professional Verification

***Educational staff professional verification are educators employed at the student’s previous district who have an in-depth knowledge of the student’s background and educational needs. This does not include MUHSD employees.**

Name of person filling out this verification _____ Phone # _____
Length of time I have known student _____ Approximate # of visits with the student _____
 Physician *Psychologist *Health Worker Probation Officer
 *School Counselor *School Administrator Other: _____

Describe the problem as specifically as possible:

What previous interventions have been attempted?

Explain why the problem cannot be corrected by the school.

Why will attending another school be integral to the success of your plan to assist the student?

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both. This school district investigates all residing statements (Penal Code 118, 126, 127).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I would so testify under oath, if called to do so. By signing this form we acknowledge that we have read and understand the conditions above.

Professional Signature _____ Date _____
Parent/Guardian Signature _____ Date _____