## LOMPOC UNIFIED SCHOOL DISTRICT REQUEST TO RESCIND INTRA-DISTRICT TRANSFER 2024-2025

District Office Use Only	☐ TRFY
Date Received:	
☐ Special Ed Approved	
☐ Approved By:	
☐ Denied By:	
Date:	

Charles Us Nissas			C 1- 2024	25 C -l1 V	
Student's Name	Last	First	Grade 2024	25 School Year	
Address					
Address	Street		City		ZIP
Birthdate					
Current School					
current oction					
School of Residence					
behoof of residence					
• Is the student receiving spec	rial education serv	ices (on an IEP)?	□ No □ Yes		
<ul> <li>Is the student receiving Spect</li> </ul>			□ No □ Yes		
- 15 the student receiving occi	ion oot accommic	autons:	21102103		
Reason for Request:					
reason for request.					
Parent/Guardian Nama			Email.		
Parent/Guardian Name	Print 1	Parent/Guardian Name	Linali		
Phone (Home/Cell)			(Work)		
Parent/Guardian Signature >	<b>(</b>			Date	

ATD-44a Rev. 11/2023