

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

<b>District Office Use Only</b>	<input type="checkbox"/> TRFY
Date Received: _____	
<input type="checkbox"/> Special Ed Approved _____	
<input type="checkbox"/> Approved By: _____	
<input type="checkbox"/> Denied By: _____	
Date: _____	

Student's Name \_\_\_\_\_ Grade 2024-25 School Year \_\_\_\_\_  
*Last* *First*

Address \_\_\_\_\_  
Street City ZIP

Birthdate \_\_\_\_\_

Current School \_\_\_\_\_

School of Residence \_\_\_\_\_

• Is the student receiving special education services (on an IEP)?       No  Yes

• Is the student receiving Section 504 accommodations?       No  Yes

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email: \_\_\_\_\_  
Print Parent/Guardian Name

Phone (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_