**NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT**
School Transfers
13994 Castroville Blvd, Castroville, CA 95012
Tel. 831-633-3343 ext. 1708 | Email: student_transfers@nmcusd.org

☐ New
Date Received: _____
*Completed by District Staff*

Clear Form

**2024-2025**

# Intradistrict Transfer Request Form

## STEP 1: Student and Parent/ Guardian Information

| | | | |
|---|---|---|---|
| Student Last Name: | | Parent/ Guardian: | |
| Student First Name: | | Home Address: | |
| Date of Birth: | | | |
| Does the student receive Special Education services? No ☐ IEP ☐ 504 ☐ | Bilingual Program? Yes ☐ No ☐ | Phone Number: | |
| | | Email: | |
| Student ID: | | Current School of Residence at NMCUSD: | |
| Grade Level for 2024-2025 School Year: | | School Requested at NMCUSD: | |

**If the requested school is unavailable (impacted), please rank your choice of schools in numerical order from #1 being most preferred to #4 being the least preferred.**

Elementary Schools: Castroville Echo Valley Elkhorn Prunedale

Secondary Schools: NMC Middle (7-8th) NMC High Central Bay High Independent Studies (K-12)

## STEP 2: Reason(s) for the Transfer

**Please check one or more of the reasons for the request listed below. Attach the required documentation.**

☐ **Sibling(s) attend school requested**.
Name & grade of sibling (required): _____
Name & grade of sibling (required): _____

☐ **Parent/Guardian is an employee at the school requested**. Attach the required documentation.

☐ **Specific Circumstances**: medical/safety needs requiring the student to attend another school site. Requires documentation.

☐ **Childcare/Transportation**. Attach the required documentation.

☐ **Other**: Please attach the required documentation for the transfer request.

## STEP 3: School of Residence Clearance

| | | |
|---|---|---|
| *Meeting required for new transfers:* _____ **PRINCIPAL MEETING DATE** | *school use only **Student enrolled?** ☐ **Yes** ☐ **No** | _____ **PRINCIPAL SIGNATURE** |
| **Parent/Guardian Signature:** _____ SIGN HERE | | **Date:** _____ |

## District Office Use Only

| | | | |
|---|---|---|---|
| **Action:** | ☐ Request Approved | ☐ Request Denied | ☐ Waitlist |
| **Superintendent or Office Designee:** | Signature: _____ | | Date: _____ |
| **District Notes:** | | | |

Updated Jan 2023