



# INTRA-DISTRICT REQUEST FORM

## Franklin-McKinley School District

645 Wool Creek Drive, San Jose, CA 95111

Phone: (408)283-6149 Fax: (408)283-6141

**This form is for Franklin-McKinley residents only.** This form is not a school registration form; it is used to request attendance at a school site other than the student's home school. Transfer requests for issues regarding safety/bullying, social adjustment, student behavior and dissatisfaction with the school staff must begin with the school site Principal.

Requested School: \_\_\_\_\_ Home School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Requested School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Grade: \_\_\_\_\_  
( for year requested )

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ San Jose, CA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Is the student receiving special services? ☐ NO ☐ Yes  
(Circle response)

☐ RSP ☐ Speech ☐ SDC  
(Circle all that apply)

**\*Special Day Class students will be placed or transferred by our Special Services Department.**

### **Reason for request (check all that apply):**

- ☐ **Overflow:** Student was assigned to the requested school as an overflow, because your attendance boundary school was full and you would like the enrollment to continue there.
- ☐ **TK:** Attended Transitional Kindergarten at the requested school and you prefer to continue enrollment there.
- ☐ **Change of Address:** You recently moved out of the attendance boundaries of the school you are requesting.
- ☐ **Are you an FMSD employee?** ☐ No ☐ Yes If yes, please indicate location? \_\_\_\_\_
- ☐ **Sibling:** Student has a sibling currently enrolled at the requested school.  
\_\_\_\_\_  
(Name of Sibling)
- ☐ **Child Care:** An affidavit for childcare must be submitted with this application. Childcare should be within the school boundaries of the requested school.
- ☐ **Employment:** Verification of employment must be submitted with this application. Employment should be within the school boundaries of requested school.
- ☐ **Other:** Please attach reason for request.

**Important:** In the event requests exceed the number of openings, your request will be placed on a waiting list. Student applications that are wait-listed will be notified by phone if space becomes available.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### **(FOR DISTRICT OFFICE USE ONLY)**

☐ APPROVED ☐ DENIED \_\_\_\_\_ DATE: \_\_\_\_\_

## INSTRUCTIONS TO PARENT OR GUARDIAN

Complete all sections of the Intradistrict Transfer Permit request form and return to your resident school or District Enrollment Center.

| Reason for Request                                                     | Documentation Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child Care<br><input type="checkbox"/>                                 | <ul style="list-style-type: none"> <li>▪ Letter from the adult, center or organization providing childcare               <ul style="list-style-type: none"> <li>- Name, address and contact information of the adult, center, or organization</li> <li>- Childcare license number and fees, if applicable</li> <li>- Hours of operation for the center or organization, or hours that the student is under care</li> <li>- Length of time student has been under care by the adult, center or organization</li> </ul> </li> </ul>                                                                                     |
| Parent Employment<br>(Allen Bill EC 48204)<br><input type="checkbox"/> | <ul style="list-style-type: none"> <li>▪ Proof of employment of all parents/guardians who are involved in the student's life on a day-to-day basis               <ul style="list-style-type: none"> <li>- Copy of recent pay stub</li> <li>- Letter on the employer's stationery verifying schedule (hours and days) and location of employment</li> <li>- If self-employed, letter stating schedule (hours and days) and location of employment</li> </ul> </li> <li>▪ Letter from parent/guardian explaining the circumstances that an intradistrict permit is necessary under parent employment reasons</li> </ul> |
| Sibling <input type="checkbox"/>                                       | <ul style="list-style-type: none"> <li>▪ Name, grade and school where the sibling attends</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Address Change<br><input type="checkbox"/>                             | <ul style="list-style-type: none"> <li>▪ Proof of new residence address.               <ul style="list-style-type: none"> <li>○ Utility Bill</li> <li>○ Cell phone bill</li> <li>○ Deed or rental agreement</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                    |
| Continuing Enrollment<br><input type="checkbox"/>                      | <ul style="list-style-type: none"> <li>▪ Once placed on an approved Intra district transfer, that school becomes your resident school through the highest-grade level</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                      |

### TERMS AND CONDITIONS

- Completed applications are submitted to the resident school site or District Enrollment Center. Applications may be hand delivered or faxed.
- Approval is subject to space availability.
- The address on your application must be where you are currently residing, and your child must be enrolled at your school of residence prior to submitting an Intradistrict Transfer application.
- Parent or guardian **MUST** complete and sign a separate Intradistrict Transfer Permit request for each child applying for an Intra district Transfer. Parents/guardians will be notified by mail/email.
- Once placed on an approved Intradistrict transfer, that school **becomes your resident school through the highest-grade level.**
- I understand if this transfer is approved, I am required to provide safe and timely transportation (to and from school) for my student.
- Intradistrict Transfer Permits may be cancelled, revoked or denied at any time for the following reasons: 1) Issued in error; falsified information or documentation; 2) The student does not maintain acceptable standards of attendance and/or behavior as defined by the Student Conduct Code and/or maintain acceptable levels of academic achievement; 3) Excessively dropped off or picked up beyond regular school hours; 4) Changes in the Individualized Education Program (IEP), which the FMSD cannot provide.
- Students who are eligible for Special Education Services may be asked to obtain an Inter/Intra-SELPA Agreement for Individuals with Exceptional Needs, in addition to the Intradistrict permit.
- No financial obligation shall be incurred by the district of residence for services rendered under this agreement.
- Applying for an Intra district Transfer **does not** guarantee placement at the school requested.
- Please be advised that, in compliance with compulsory education law, your student must be enrolled in his/her school of residence until you are notified that your transfer request has been approved. We cannot be responsible for any decisions on the part of parents to keep their students out of school pending approval of a transfer.

**I understand and accept the above terms and conditions\***

☐

**Initial:** \_\_\_\_\_

# FRANKLIN-MCKINLEY SCHOOL DISTRICT

## INTRA-DISTRICT TRANSFER REQUEST CHILD CARE AFFIDAVIT

(Please complete only if Child Care is the reason for the request)

This is to certify that I, \_\_\_\_\_  
(Last Name) (First Name)

provide Child Care for : \_\_\_\_\_  
(Student Last Name) (Student First Name)

who is attending: \_\_\_\_\_  
(Name of School) (Grade)

1. Name of Child Care Facility: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(Street) (City) (Zip)

3. Facility/Provider's Phone Number: \_\_\_\_\_

4. Child Care is provided on the following days: M T W T F  
☐ ☐ ☐ ☐ ☐  
(Please check all that apply)

5. Child Care is provided for the following hours: \_\_\_\_\_

6. How long have you provided Child Care for this student? \_\_\_\_\_  
(Years/Months)

***I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.***

***Misrepresentation of facts will result in revocation of transfer request.***

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

### District Office Use Only

Verification made by: \_\_\_\_\_