

LOMPOC UNIFIED SCHOOL DISTRICT
REQUEST TO RESCIND INTRA-DISTRICT TRANSFER
2025-2026

| | |
|--|-------------------------------|
| District Office Use Only | <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 2025-26 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 _____