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# Redlands Unified School District

The Enrollment Center

7 W. Delaware Ave • Redlands, CA 92374 • 909.307.2470 • FAX 909.307.2471

## Intradistrict Transfer Request



APPLICATION FOR: SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_ GRADE:\_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ☐ Male ☐ Female

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student lives within the boundaries for: \_\_\_\_\_

School now attends/last attended: \_\_\_\_\_

School(s) requesting to attend: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Student receives Special Education Services or has an Individualized Education Plan (IEP) ☐ Yes ☐ No

### REASON FOR REQUEST:

☐ The student already attends the requested school, and they want to continue attending.

☐ Sibling(s) attend the requested school for the school year requested

Sibling(s) Name(s): \_\_\_\_\_

☐ The student's childcare is located within the attendance area of the requested school

Address of childcare: \_\_\_\_\_

☐ The student's parent employment is located within the attendance area of the requested school

Address of parent employment: \_\_\_\_\_

☐ Parent/Guardian is employed by Redlands USD. Location: \_\_\_\_\_

☐ Bullying. Was this reported to the school administration? ☐ Yes ☐ No To whom? \_\_\_\_\_

Result of investigation: \_\_\_\_\_

☐ Other: \_\_\_\_\_

### TERMS AND CONDITIONS:

1. The parent/guardian assumes all responsibility for transportation.
2. Permits are granted on the basis of space availability at the school requested and the student must maintain good attendance, be on time, maintain good behavior, and make satisfactory academic progress.
3. If granted, the requested school becomes the student's permanent "home" school. Records for current students will be automatically transferred to the new "home" school.
4. If granted, the student may remain at the requested school until they finish the highest grade at that school.
5. Falsification of any information in this application will result in immediate termination of the agreement.

By signing below, I acknowledge that I have read, understood, and agree to abide by the terms and conditions outlined above. I understand that approval and continued enrollment under this Intradistrict Transfer Request are contingent upon compliance with these conditions. Failure to meet any of these terms may result in the revocation of the transfer.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

-- THIS BOX IS FOR OFFICE USE ONLY --

Your request to attend \_\_\_\_\_ has been

☐ APPROVED

☐ with conditions

☐ DENIED FOR THE FOLLOWING REASON(S):

☐ *\*\*Poor attendance and or tardies*

☐ *\*\* Unsatisfactory behavior*

☐ *\*\* Lack of academic progress or poor grades*

☐ PLACED ON HOLD DUE TO LACK OF SPACE/IMPACTED PROGRAMS

All transfer requests placed on a hold due to Lack of space may not be appealed.

\_\_\_\_\_  
Authorized Signature – Redlands Unified School District

\_\_\_\_\_  
Date

\*\*If this intradistrict transfer request is DENIED, you have the right to appeal the decision within 30 calendar days from the date of the notice of denial

Appeals must be submitted to:

Director of Student Services, P. O. Box 3008, Redlands, CA 92374-1508 Phone: 909.307.5300 ext. 6729