



# SANTA PAULA UNIFIED SCHOOL DISTRICT

## INTRADISTRICT TRANSFER PERMIT (FOR TRANSFERS BETWEEN SPUSD SCHOOLS ONLY)

*A separate request is required for each student*

**To be completed by parent/guardian**

School Year Requested: 20____ 20____	Grade Requested:	Date of Request:
Student Name: (Last Name, First Name)	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Neighborhood School:		
School Requested:		
Parent/guardian Name:	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Address:	Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Email Address:	City:	Zip:
Siblings: Are there siblings currently enrolled at the requested school who will continue there? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name: _____ Grade: _____ Name: _____ Grade: _____		
Does the student receive Special Education Services? Yes <input type="checkbox"/> No <input type="checkbox"/> What are the services? _____		
Reason for Request: Childcare <input type="checkbox"/> Academic Programs <input type="checkbox"/> Proximity <input type="checkbox"/> Health & Safety <input type="checkbox"/> Personal Circumstances <input type="checkbox"/> Other <input type="checkbox"/>		
Describe: _____		

➔IMPORTANT – Enrollment in requested school is contingent upon space availability. Home-to-school transportation is the responsibility of the parent. An Intradistrict Transfer Permit may be revoked if the student’s attendance falls below district expectations (more than 3 truanancies/unexcused absences), or if the student’s behavior fails to conform to the school rules. A student must attend the school of residence until parents have been notified that the transfer has been approved. In any school year, students may be subject to displacement due to excessive enrollment. Intradistrict transfer permits will be reviewed in mid-July of each school year.

I have read the terms and conditions and understand the regulations and policies governing Intradistrict transfer permits and hereby submit my application. I understand that the information provided is subject to verification and that the mere act of completing this application and providing all the required documentation DOES NOT guarantee that the request will be approved.

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

*Completed forms must be submitted to:*  
**Santa Paula Unified School District  
Educational Services Division  
201 S. Steckel Drive  
Santa Paula, CA 93060**

**== FOR OFFICE USE ONLY ==**

The Intradistrict Transfer Permit has been  approved  denied for the following reason:

No vacancy at the requested school/grade level. Your child is # \_\_\_\_\_ on the wait list for intradistrict transfers.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For more information reference BP 5116.1

Date:  
Time:  
Initials: