Fresno Unified School District
TRANSFERS DEPARTMENT
2011 Fresno St., Fresno, CA 93721
TransfersDepartment@fresnounified.org
(559) 248-7538 – FAX: (559) 248-7481

Inter-District Transfer Request

School Year Requested: 2025 to 2026

☐ **NEW** ☐ **RENEWAL**

REQUESTING TRANSFER FROM **FRESNO UNIFIED** (District of Residence) **TO** _____ (Requested District of Attendance)

Name of Student/ID#	Date of Birth	Gender	Grade Requested	Special Education	School of Residence	School Requested
		☐ Male ☐ Female ☐ Non-Binary		☐Speech ☐ RSP ☐ SDC		

TERMS AND CONDITIONS OF APPROVAL: ***THIS TRANSFER REQUIRES ANNUAL RENEWAL***

LIST ALL SIBLINGS under age 18 who currently attend school and live at the same home address.
A sperate application is needed for each student requiring a transfer.

Sibling Name	*School ID#*	*Date of Birth*	*Current School*	*Sibling Name*	*School ID#*	*Date of Birth*	*Current School*
1.	/			3.	/		
2	/			4.	/		

Current Address: **City** **State** CA **ZIP Code**

Previous Address: **City** **State** CA **ZIP Code**

PARENT/GUARDIAN INFORMATION: ☐ **Mother** ☐ **Father** ☐ **Guardian**

MY SIGNATURE BELOW INDICATES MY UNDERSTANDING THAT THE SENDING AND RECEIVING SCHOOL DISTRICT MAY REQUEST STUDENT RECORDS BEFORE THIS TRANSFER IS PROCESSED. **I attest that this information is true and that I am the legal parent or guardian of this student. If any court order pertains to this student, the other parent may be required to sign in agreement.**

Signature: **Date:** **Parent Date of Birth:**

Print Name: **Phone:** **Parent Email:**

OFFICE USE ONLY

DISTRICT OF RESIDENCE: **Fresno Unified** ☐ **Request Approved** ☐ **Request Denied**

Administrator Signature: _____ **Date:** _____

Terms/Reason ***(EC46600, AR5117)*** ☐ **Change of legal address** ☐ **Childcare** ☐ **Continuing Education** ☐ **Senior Privilege** ☐ **Siblings** ☐ **Other:** _____

REQUESTED DISTRICT ☐ **Request Approved** ☐ **Request Denied**

Administrator Signature: _____ **Date:** _____

Notes/Terms _____

****PLEASE NOTE: THE FUSD TRANSFERS DEPARTMENT WILL NOT BE RESPONSIBLE FOR FAXES NOT RECEIVED****

Enrollment:	Grade:	FAX/Email/Scan Date:	Other Notes:
FUSD Note:	Date:	Outcome:	

Revised 3/7/25

Fresno Unified School District

Please describe the reason for this transfer request; include details.

Student Name: _____ Birthdate: _____

Present School: _____ Grade: _____

Date: _____ Parent Name: _____

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Revised 3/7/25