



GATEWAY UNIFIED SCHOOL DISTRICT

4411 Mountain Lakes Blvd.

Redding, CA 96003

INTRA-DISTRICT TRANSFER FORM

Intra-district Guidelines:

1. This request must first be submitted to the school of residence.
2. The school of residence will forward the form to the non-resident school.
3. A copy of the form will be returned to the parent after approval/denial by the non-resident school if requested.
4. Priority will be given to students living within the school attendance area.
5. Parents will be required to provide their child's transportation to and from school.
6. Intra-district transfers must be renewed annually.
7. Student will maintain satisfactory academics, behavior and attendance.

Does your student have an IEP? ☐ YES ☐ NO Does your student have a 504? ☐ YES ☐ NO

I request that my child attend a school other than their school of residence. School Year _____

Name of Student (please print)

Grade (for school year requested)

School of Residence (please print)

School of Desired Attendance (please print)

Parent or Guardian (please print)

Address

Phone

Please indicate the reason for the request: _____

I have read the above guidelines and understand the conditions of this agreement.

Signature of Parent or Guardian

Date

Principal Signature, School of Residence

Date

Principal Signature, School of Desired Attendance

Date

SPED Director, District 504 Coordinator Approval
(If IEP or 504 is Active)

Date

☐ Approved

☐ Denied

☐ Approved

☐ Denied

*Comments: _____