

FONTANA UNIFIED SCHOOL DISTRICT

Early Education Programs

Every Student Successful | Engaging Schools | Empowered Communities

TRANSFER REQUEST/SOLICITUD DE TRANSFERENICA

Parent/Guardian Name: Nombre de Padre o Guardian: _____

Student's Name (Nombre del Estudiante): _____

Phone Number (Numero de telefono): _____

TRANSFER FROM (Transferencia de):	TRANSFER TO (Transferencia a):
School (Escuela): _____	School (Escuela): _____
Teacher (Maestro/a): _____	Teacher (Maestro/a): _____
Session (Sesión): ☐ AM ☐ PM	Session (Sesión): ☐ AM ☐ PM

Reason (Razon): _____

I understand that there is only one transfer (session/site) per year. Entiendo que solo a una tranferencia (sesion/escuela) por año.

Signature/Firma: _____ Date/Fecha: _____

OFFICE USE ONLY

☐ **Approved, student is granted transfer. Effective Date:** _____

TRANSFER FROM:	TRANSFER TO:
School: _____	School: _____
Teacher: _____	Teacher: _____
Session: ☐ AM ☐ PM ☐ Notified Teacher	Session: ☐ AM ☐ PM ☐ Notified Teacher

☐ **Not approved, reason:** _____

Early Education Signature: _____ Date: _____

☐ Master Roster	Initials: _____ Date: _____	☐ Attendance	Initials: _____ Date: _____
☐ Q	Initials: _____ Date: _____	☐ Health	Initials: _____ Date: _____
☐ DRDP-Tech	Initials: _____ Date: _____	☐ 9600	Initials: _____ Date: _____
☐ NOA	Initials: _____ Date: _____	☐ CUM/File	Initials: _____ Date: _____
☐ FRPM	Initials: _____ Date: _____		

The Early Education Department provides guidance and support through collaboration with families to promote student achievement.

10/27/2020es