



TUSD K-12 INTRA-DISTRICT TRANSFER REQUEST
(Transfer request are to be turned in between October 15th-January 15th)

Date Received

SCHOOL YEAR REQUESTED: 20____-20____ FOR GRADE _____

Present School: _____ Zoned School: _____ Requested School: _____
Student's Name: _____ Student ID: _____ Birthdate: ____/____/____
Parent/Guardian: _____ Phone: _____
Address: _____ Email: _____
Reason for Request: _____

Is student's placement dependent on Childcare/CDC? ☐ Yes ☐ No

Is Parent/Guardian an employee of TUSD? ☐ Yes ☐ No Site: _____ Job Title: _____

Is Student receiving Special Services? ☐ Yes ☐ No (Check all that apply) 504 IEP GATE RSP SDC SPEECH

Grades 9-12 ONLY: Has the student participated in a high school sport? ☐ Yes ☐ No

If yes, what sport(s)? _____

Siblings enrolled in Tracy Unified School District:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. Student transportation is the responsibility of the parent/guardian.
2. This transfer request is contingent upon space availability.
3. An intra-district transfer for one family member does not dictate automatic attendance agreements for other family members.
4. Applicants who receive approval must confirm their enrollment within ten calendar days. Once a student/parent/guardian accepts a transfer it cannot be rescinded for a period of one year.
5. This transfer may be revoked if the student does not demonstrate satisfactory attendance, grades and behavior, or if space becomes unavailable.
6. Once enrolled, a student shall not be required to reapply for readmission annually. However, the student may be subject to displacement due to excessive enrollment.
7. If a student is on an intra-district transfer due to an academy or specialized program, and they drop, exit, or get removed from the program during grades 9-11, they will be returned to their zoned school.
8. If a student participates in any athletic program governed by the California Interscholastic Federation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting the application.

Parent/Guardian Signature: _____ Date: _____

*******For Tracy Unified School District Use Only*******

The Student meets the criteria and is accepted into a program: (Check One)

Medical & Health Services IB PAM Ag/Sci AP (West) Space & Engineering JROTC

Signature of Program Administrator: _____

Meets District GAB (Grades, Attendance, Behavior) Requirements: Yes No _____

School District Decision: ☐ APPROVED ☐ DENIED _____

Signature: _____ Date: _____

Director of Student Services