



INTRA-DISTRICT TRANSFER AGREEMENT

TK through 6th Grade - Due February 3rd at Requested School for Elementary School Students.

Current School Year: _____

Current Grade: _____ **School Currently Enrolled In:** _____

School of Residence in 2026/27: _____

Requested School Year: **2026/27**

Grade in Requested School Year: _____

Requested School: _____

IS STUDENT ENROLLED IN SPECIAL EDUCATION? Yes No

Print Student Name: _____ **Age:** _____ **DOB:** _____

Print Parent(s) or Guardian Name: _____

Legal Residence Address: _____

Daytime Phone: _____ **Cell Phone:** _____ **email:** _____

APPROVAL IS BASED ON SPACE AVAILABILITY. TRANSPORTATION IS TO BE PROVIDED BY PARENT.

Priority reason for request (Level 1 or Level 2 requests need to be complete or student will be placed in Level 3.)

- Level 1 Parent is a Turlock Unified School District permanent employee **at requested school site.**
School Site of Employment: _____
- Level 2 Sibling(s) attends requested school.
Sibling Name: _____ Grade: _____ Sibling Name: _____ Grade: _____
- Level 3 **NEW** (Student will be placed in an unbiased random draw process based on school, grade, and priority level.)

If approved, this Agreement shall be effective for twelve (12) consecutive months commencing **August 2026**. **This Agreement shall renew for additional periods of twelve (12) months each (one school year) unless one party has provided notice of cancellation to the other party no later than February 1st of preceding year.** Turlock Unified School District reserves the right to revoke agreements due to truancy (10 or more unexcused absences), unsatisfactory grades and/or unacceptable behavior.

I agree: Yes No

Signature of Parent/Guardian/Caregiver: _____ Date: _____

TUSD OFFICE USE ONLY

1. Office Staff Receiving Agreement: _____ Date: _____

Student currently enrolled

Overflow Student

2. Special Education Director: Approved Denied Reason denied: _____

Signature of Special Education Director: _____ Date: _____

3. Principal of Requested School: Approved

(Approval to enter into lottery) Denied Space _____ Other _____

Signature of Principal: _____ Date: _____

4. Student Services Director: Approved

(FINAL APPROVAL) Denied Space _____ Other _____

Signature of Student Services Director: _____ Date: _____

Emailed: _____

Scanned: _____

Rescinded: _____

Please CANCEL Intra-District Agreement. We are requesting to return to _____ our school of residence.

Parent/Guardian Signature: _____ Date: _____ Principal Signature: _____ Date: _____