



# INTRA-DISTRICT TRANSFER AGREEMENT

**TK through 6<sup>th</sup> Grade - Due February 5<sup>th</sup> at Requested School for Elementary School Students.**

**Current School Year:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **School Currently Enrolled In:** \_\_\_\_\_

**School of Residence in 2025/26:** \_\_\_\_\_

**Requested School Year:** **2025-2026**

**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 or current Trustee.  
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 2025. **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 1<sup>st</sup> 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: \_\_\_\_\_