**PAJARO VALLEY UNIFIED SCHOOL DISTRICT**

# Student Services Department

Form Received:

**2019 - 2020 INTRA DISTRICT TRANSFER REQUEST**

Phone: (831) 786-2390 Fax: (831) 722-9170

**Please print clearly. Return this form to the Student Services Department.**

Name of Pupil Birth Date ID # ***School Year: 2019 - 2020***

Does the pupil have a 504 Plan? Yes/No Is the pupil enrolled in Special Education? Yes/No Type of Program

School of Residence School Currently Attending

Parent/Guardian Home Address

City Zip Code Phone: Cell Work

I request that my child/ward be permitted to attend in grade Beginning for the following reason (check 1, 2, and/or 3) below:

|  |  |  |
| --- | --- | --- |
| **1. OPEN ENROLLMENT****November 1 – December 20 ONLY** | **2. OTHER (documentation may be required)** | **3. CURRENT YEAR’S****WAIT LIST**Name of School: |
| ( ) K - 6 ( ) 6 - 8 ( ) 9 - 12 | ( ) Supervision/Childcare (K - 8 Only) ( ) Change of Residence ( ) Intended Residence Change( ) Psychological or Physical( ) Other  |

( ) Check here if there is a sibling currently attending the requested school

Name Current Grade

## K - 8 SCHOOL ONLY

Name of childcare provider

Address of childcare provider Phone

**PARENTS SHOULD REALIZE THAT INTRA DISTRICT TRANSFERS ARE GRANTED BASED ON A SPACE AVAILABILITY BASIS. PARENTS ARE RESPONSIBLE FOR THE TRANSPORTATION OF THEIR CHILDREN, INCLUDING DROP OFF AND PICK UP ON TIME.**

***INCORRECT OR OMITTED INFORMATION MAY CAUSE THIS AGREEMENT TO BE REVOKED.***

**Students transferring to a school outside their attendance area are expected to maintain appropriate behavior and conform to school regulations, including good attendance. Students not meeting these standards may have their intra district transfer revoked.**

## Signature of Parent/Guardian Date

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**ACTION: DISTRICT ADMINISTRATION**

 Approved  Denied

Comments:

Signature of Designee Date

Revised September 28, 2018