

CWA # _____

INTRA DISTRICT TRANSFER AGREEMENT

STUDENT INFORMATION (Please Print Clearly. Complete one for each student requesting a transfer.)

| | | | | | |
|--------------------------------------|---------------------|---------------|---|----------------------------|----------------------------|
| <input type="checkbox"/> New Request | | | <input type="checkbox"/> Renewal/Continuing Student | | |
| Name of Student | School of Residence | Date of Birth | Age | Grade (for requested Year) | SPECIAL EDUCATION STUDENT? |
| Student's Complete Home Address | City | Zip | Home or Cell Phone | | YES No |

PARENT/GUARDIAN REQUEST

The above named student to attend _____ School for the _____ -- _____ school year.

REASON (Please check all reason(s) that apply for Request)

- Sibling is attending the school requested. Sibling name and grade _____
- Student is currently on an Intra District Transfer in the attendance stream of the school requested.
- Continuing/Returning student. Reporting/Up-dating (New Address Only)
- Employment is in the area. Parent/Guardian is a FUSD employee. Parent/Guardian is a school site employee.
- To complete current year after moving into another attendance area. Date of move: _____
- Childcare (Elementary ONLY). Childcare offered at the school site.
Name and Address of child care provider: _____
- Educational program at the school requested and not at the school of residence.
Name of Program: _____

Other: _____

SPECIAL EDUCATION PROGRAM-Students who are in Special Education Classes/Programs (Speech, RSP, SDC, etc.) Must have approval through the Special Services Department.

My child is in a Special Education program: _____

CONDITIONS (Please retain a copy of this agreement for verification purposes.)

- 1) Acceptance into a specific school is based upon space availability. This agreement is subject to review and/or cancellation if overcrowding occurs. The District will not be responsible for excess costs.
- 2) Parent/Guardian assumes full responsibility for providing needed transportation. Busing will not be provided.
- 3) Parent/Guardian must be supportive, and cooperative with, the school, staff, and the educational program.
- 4) Behavior, citizenship, grades, punctuality, and attendance of the student must be satisfactory.
- 5) Student must remain in home school until approval received. If approved, the parent must enroll the student at the requested school.
- 6) Agreement may be revoked at any time through the Child Welfare and Attendance office by a recommendation from the Principal.

Falsification of any information or failure to comply with any of the conditions above may result in denial or cancellation of this permit.

I have read, understand, and accept the conditions of this agreement. This application is not valid unless approved by the district office.

 Date Parent/Guardian Signature Print Name

FOR SCHOOL AND DISTRICT USE ONLY

The above named student is Accepted Denied. This agreement is valid as long as all conditions are met.

 Date CWA Coordinator Special Services Director
Original: CWA Copy Distribution: Parent, Home School, Receiving School CWA 7/10-df