TWIN RIVERS UNIFIED SCHOOL DISTRICT

INTRADISTRICT TRANSFER REQUEST

I understand that the Intradistrict Transfer Request will be in effect only for the school year in which it was granted, and such Intradistrict Transfer Requests are granted only on a space-available basis. I understand that TRUSD students are to meet Academic, Behavioral and Attendance Expectations. If a student does not meet these expectations, the student may be returned to his/her school of residence.

REQUEST FOR ACADEMIC YEAR: _____ **DATE:** _____

Please circle: **Initial Request** **or** **Renewal**

_____ _____ _____
STUDENT'S NAME **GRADE** **BIRTHDATE**

_____ _____ _____ _____
PARENT'S/GUARDIAN'S NAME **HOME PHONE** **WORK PHONE** **CELL PHONE**

_____ _____ _____
ADDRESS (STREET) **CITY, STATE** **ZIP CODE**

_____ _____
RESIDENT SCHOOL **REQUESTED SCHOOL**

IS THE STUDENT ENROLLED IN A SPECIAL EDUCATION PROGRAM? □ **YES** □ **NO**

Special Education students must be approved by Special Education Department before transfer can be approved.

REASON FOR REQUEST: _____

This request will be honored only for the academic year designated above. Parents/Guardians are responsible for filing a request annually. Under this agreement, Parents/Guardians assume responsibility for transporting their child to and from school.

Parent's Signature: _____ Date: _____

9-12 Intradistrict Transfer Only: Athletic Eligibility

Does your child plan to participate in any high school sports? □ YES □ NO Sport(s): _____

According to California Interscholastic Federation (CIF) policy, the granting of an Intradistrict Transfer does not guarantee eligibility to participate in interscholastic athletics at the requested school.

If you would like to request a waiver of California Interscholastic Federation (CIF) eligibility restrictions, please check the box here □ and complete and return the attached waiver request.

For School Use Only

□ **Approved** □ **Denied** _____ _____
(Resident School) Principal's Signature **Date**

□ **Approved** □ **Denied** _____ _____
(Requested School) Principal's Signature **Date**

Principal's Reason for Denial: _____

White – Resident School; Yellow – Requested School; Pink – Administrative Services; Goldenrod - Parent

8/08