

Date Site received _____ Date District received _____ For School Year* _____

TUSD Kg-8th Grade INTRA-DISTRICT REQUEST (Dec. 2010)

(Used to transfer between schools within TUSD – KG – 8th Grade ONLY. Intra-district granted on a yearly basis.)

NOT to be used for High School Transfer Requests

<u>NAME OF STUDENT</u>	<u>BIRTHDATE</u>	<u>GRADE*</u> <small>for year above K-8 ONLY</small>	<u>PRESENT SCHOOL</u>	<u>ZONED SCHOOL</u>	<u>REQUESTED SCHOOL</u>
_____	_____	_____	_____	_____	_____

Last _____ First _____

I request permission for my child to attend another school in Tracy Unified School District for the following reason(s):

New to Tracy Unified _____ **Recent Move** _____ **Change in Childcare** _____ **Other:** _____

Is your child receiving Special Services? _____ SDC _____ RSP _____ GATE _____ Speech _____ (please circle)

Other children _____ enrolled in _____ Grade: _____ At _____ School

TUSD: _____ Grade: _____ At _____ School

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone (home): _____ (work): _____

IF THIS APPLICATION IS APPROVED, I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

1. **Since the parent is initiating this request, they will be expected to provide their own transportation.**
2. This agreement is subject to revocation for violation of State school laws, as well as District rules and regulations.
3. This is a temporary attendance agreement that is contingent upon, but not limited to, the attendance, behavior, and academic achievement of the student involved, space availability, and continuance in a specialized program.
4. This agreement is only valid for the above* school year.
5. An Intra-district Attendance Agreement for one member of a family does not dictate automatic attendance agreements for other family members.
6. Transfers must be received in Student Services by **January 1st**, the year prior to the transfer.
7. **If approved, the student is expected to remain at this school until the end of the school year.**

NOTE: If your request is not approved, you may appeal the decision to the Board of Trustees by contacting the Student Services Office at 830-3280.

Schools – When completed, this form should be returned to Student Services, Tracy Unified School District, 1875 W. Lowell Avenue, Tracy, CA 95376.

School District Action:	APPROVED _____	DISAPPROVED _____	(Based on Policy 5116)
COMMENT: _____			

Date: _____	Signature: _____		
(Director of Student Services & Curriculum)			