



PAJARO VALLEY UNIFIED SCHOOL DISTRICT

Student Services Department

INTRA-DISTRICT TRANSFER REQUEST

(831) 786-2145

Please print clearly. Return this form to the school of residence.

Name of Pupil _____ Birth Date _____ For School Year: 200__ - 20__

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: Home: (____) _____ 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:

<input type="radio"/> 1. OPEN ENROLLMENT November 1 -December 18 ONLY <input type="checkbox"/> K-6 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	<input type="radio"/> 2. OTHER (Documentation may be required) Intras will need to be submitted yearly for the reason listed below <input type="checkbox"/> Supervision/Childcare (K-8 only) <input type="checkbox"/> Change of residence <input type="checkbox"/> Intended Residence Change <input type="checkbox"/> Continuing Student <input type="checkbox"/> Psychological or Physical <input type="checkbox"/> Other _____	<input type="radio"/> 3. Current Year's Wait list Name of School: _____ _____
---	---	--

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 ON A SPACE AVAILABLE BASIS.
PARENT 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.

**AGREEMENT IS CONTINGENT BASED UPON:
SPACE AVAILABILITY, ACCEPTABLE BEHAVIOR, ATTENDANCE, AND ACADEMIC PROGRESS.**

Signature of Parent/Guardian _____
Date

ACTION: DISTRICT ADMINISTRATION

Approved Denied

Comments: _____

Signature of Student Services Administrator _____
Date