

Principal Signature (Receiving School): _

Student Start Date: _____

INTRA-DISTRICT TRANSFER REQUEST

Date:

○ Welcome & Enrollment Center Notified

Launching a lifetime of learning	FOR THE SCHOO	DL YEAF
Student Name:	DOB: Grade:	
Student Address:		
Zoned School:	Requested School:	
Parent/Guardian Name:	Phone:	
Reason for Transfer:		
○ Siblings Attending Requested School	O Parent Employed at Requested School	
Specialized Program	Renewing Past Intra-District Transfer	
O Location of Child Care**	Other:	
If transfer is due to location of child care:		
Name of Child Care Provider (Specific F	Person Responsible):	_
Address:	Phone:	
Hadress.		
 Failure by parent/guardian to adhe Unacceptable attendance resulting Attendance Review Team), or SAF 	y prevailing state, District and contractual capacities. re to Palmdale School District's Board Policy BP 1313 Civility. in a notice of truancy, referral to ACT (Abolish Chronic Truancy), SART (BB (School Attendance Review Board). ode 48900 and documented attempted interventions recorded on the Palmist.	•
pending and you will be notified up	derstand and accept all conditions as listed above. Your re oon approval. Violations as determined by the school princi llation of the Intra-District Transfer Agreement.	-
gnature of Student:	Date:	
gnature of Parent/Guardian:	Date:	
	OFFICE USE ONLY	
Principal Signature (Sending School):	Date:	

O Parent Contacted