

K - 8th grade School Year 20___- 20___ INTRADISTRICT TRANSFER REQUEST

Please complete a separate application for each student

Priority will be given to families that have children attending different schools. Approval of request will be based on space availability at the prefered school. If space is not available, your child will be placed on a waiting list.

Notice to Parent/Guardian: Conditions and Terms of Agreement of Transfer with WUSD

- 1. Complete the top portion of form. New to WUSD attach current transcript/grades, attendance and discipline information.
- 2. Open enrollment transfers may be approved providing space is available.
- 3. Transportation to and from school is the parent's responsibility. Transportation is not provided for Intradistrict Transfers.
- 4. Once approved, the open enrollment transfer agreement may be <u>revoked</u> based upon the grounds listed below. Student must maintain (a) Passing grades 2.0 GPA grades 6-8 or satisfactory marks in TK-5 (b) Good attendance 95% attendance rate (c) Good behavior

Student Full Name: Date of Birth: Current School Attending: Is student on an IEP? Yes No In the process of being assessed for an IEP? Yes No Parent Information Parent/Guardian Name: Home Address: Primary Phone: Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No Full Name: Grade: Full Name:							
Date of Birth: School of Choice:	Student for Whom Request is Made						
Current School Attending: Is student on an IEP?	Student Full Name:					Grade:	
Is student on an IEP?	Date of Birth:	School of Choice:					
Parent Information Parent/Guardian Name: Home Address: Primary Phone: Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No Full Name: Grade: Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No Full Name: Grade: Grade: Full Name: Grade: Grade: Full Name: Grade: Grade: Gr	Current School Attending:			Home School	l:		
Parent/Guardian Name: Home Address: Primary Phone: Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No Full Name: Grade: Grade: Full Name: Grade: Grade: Full Name: Grade: Grade: Full Name: Grade: Grade: Grade: Full Name: Grade: Grade: Grade: Grade: Grade: Full Name: Grade: Full Name: Grade: Grade: Grade: Grade: Grade: Grade: Grade: Full Name: Grade: Grade: Grade: Grade: Full Name: Grade: Grade: Grade: Grade: Grade: Full Name: Grade:	Is student on an IEP? Yes No In the process of being assessed for an IEP? Yes No						
Home Address: Primary Phone: Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No Full Name: Grade: Grade: Grade: Grade: Full Name: Grade: Grade: Grade: Grade: Grade: Full Name: Grade: Grade: Grade: Grade: Full Name: Grade: Full Name: Grade: Gr	Parent Information						
Primary Phone: Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No Full Name:	Parent/Guardian Name:						
Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No Full Name:	Home Address:						
Full Name:	Primary Phone:		Email Addr	ess:			
Full Name:	Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No						
Reason for Request:	Full Name: Grade:						
Reason for Request:	Full Name: Grade:						
BY MY SIGNATURE BELOW, I certify that to the best of my knowledge the information provided in this application is true and correct. I am agreeing to the Conditions and Terms of Agreement above of this document. Signature of Parent/Guardian: Date: Disposition of Request (for office use only) Date Received: Student ID: Aeries Email Spreadsheet Approved Date: Parent Notification Date: Administrative Secretary: Isabel Mejia	Full Name: Grade:						
Signature of Parent/Guardian: Date: Disposition of Request (for office use only) Date Received: Approved Date: Waiting List Administrative Secretary: Isabel Mejia	Reason for Request: WUSD Er	nployee 🗌 Ch	ild Care/Transpo	rtation	Other	(PLEASE EXPLAIN REASON)	
Signature of Parent/Guardian: Disposition of Request (for office use only) Date Received: Student ID: Approved Date: Parent Notification Date: Administrative Secretary: Isabel Mejia	BY MY SIGNATURE BELOW, I certif	y that to the best	of my knowledg	e the informa	tion provi	ded in this application is true and	
Disposition of Request (for office use only) Date Received: Student ID: Approved Date: Parent Notification Date: Administrative Secretary: Isabel Mejia	correct. I am agreeing to the Conditions and Terms of Agreement above of this document.						
Date Received: Approved Date: Waiting List Student ID: Aeries Email Spreadsheet Start Date: Start Date:	Signature of Parent/Guardian:					Date:	
Approved Date: Parent Notification Date: Start Date: Waiting List Administrative Secretary: Isabel Mejia	Disposition of Request (for office use only)						
Waiting List Administrative Secretary: Isabel Mejia	Date Received:	Student ID:		☐ Aeries ☐	Email	☐ Spreadsheet	
	Approved Date:	Parent Notification	n Date:			Start Date:	
☐ Denied Director of Student and Family Services: Andre Phillips, Ed.D	☐ Waiting List	Administrative Secretary: Isabel Mejia					
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