



**WASHINGTON
UNIFIED
SCHOOL
DISTRICT**
WEST SACRAMENTO

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 preferred 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 **revoked** 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 for Whom Request is Made			
Student Full Name:		Grade:	
Date of Birth:		School of Choice:	
Current School Attending:		Home School:	
Is student on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		In the process of being assessed for an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Information			
Parent/Guardian Name:			
Home Address:			
Primary Phone:		Email Address:	
Siblings Enrolled at Preferred School: Are there brothers or sisters currently enrolled at the request school? Yes / No			
Full Name: _____		Grade: _____	
Full Name: _____		Grade: _____	
Full Name: _____		Grade: _____	
Reason for Request: <input type="checkbox"/> WUSD Employee <input type="checkbox"/> Child Care/Transportation <input type="checkbox"/> Other (PLEASE EXPLAIN REASON)			
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:	<input type="checkbox"/> Aeries <input type="checkbox"/> Email <input type="checkbox"/> Spreadsheet	
<input type="checkbox"/> Approved Date:	Parent Notification Date:		Start Date:
<input type="checkbox"/> Waiting List	Administrative Secretary: Isabel Mejia		
<input type="checkbox"/> Denied	Director of Student and Family Services: Andre Phillips, Ed.D		