

## **Yuba City Unified School District**750 N. Palora Avenue, Yuba City, CA 95991 – Phone: (530) 822-7641 Fax: (530) 822-4419

## REQUEST FOR $\underline{INTER/INTRA-}$ DISTRICT TRANSFER

Requesting School Year: 20	20	Please complete o	ne form per child
are you currently under an expulsion order as your child receiving Special Education sets your child on a 504 plan? [ ] YES [ ] Notes your child on a SARB attendance contraction of the second of the	ervices?[] YI NO et or SART pla Athletics in the	ES [ ] NO  n? [ ] YES [ ] NO e last 12 months? [ ] Y	ES[]NO
chool ID #		Grade Level:	
tudent's Name		First	DOB:
hysical Addressstreet arent/Guardian Address (if different)		City	Zip
arent/Guardian Phone: Preferred #arent/Guardian email:			
eason for Request: [ ] Sibling at this so			mployment
approval of this transfer request is based on some his agreement may be revoked if student is not making an aintaining a positive disciplinary record.	ng adequate acade	mic progress, is lacking posi	
ransportation is <u>not</u> provided by YCUSD and is the re PROVIDING ANY FALSE INFORMATION ON THIS I			
Applications for Inter-	District requests	must be renewed annually.	
Parent/Guardian (Print Name) For So	I chool Personnel Use O	Parent/Guardian (Signature)	Date
YUBA CITY UNIFIED SCHOOL DISTRIC	CT	REQUESTED DISTRICT/ [ ] Approved [ ] Denie	
Name	Na —	ime	
Signature Date	C;	gnature l	Date