Yuba City Unified School District

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

REQUEST FOR **INTER/INTRA-**DISTRICT TRANSFER

☐ **Inter-District (outside of YCUSD district boundaries)** ☐ **Intra-District (transferring between YCUSD schools)**

Requesting School Year: 20_____ - 20_____ *Please complete one form per child*

Are you currently under an expulsion order or discipline contract? ☐ YES ☐ NO
Is your child receiving Special Education services? ☐ YES ☐ NO
Is your child on a 504 plan? ☐ YES ☐ NO
Is your child on a SARB attendance contract or SART plan? ☐ YES ☐ NO
Has your child participated in High School Athletics in the last 12 months? ☐ YES ☐ NO
*according to CIF policy, a transfer may not guarantee eligibility to participate in interscholastic sports at requested school.

School ID # _____ Grade Level:_____

Student's Name _____ DOB:_____
Last *First*

Physical Address _____
Street City Zip

Parent/Guardian Address (if different)_____

Parent/Guardian Phone: Preferred #_____ Work#_____

Parent/Guardian email: _____

Resident School Choose One **Requested School** Choose One

Reason for Request: ☐ Sibling at this school ☐ Child care needs ☐ Parent employment

☐ OTHER _____

Approval of this transfer request is based on space availability.
This agreement may be revoked if student is not making adequate academic progress, is lacking positive attendance or not maintaining a positive disciplinary record.

Transportation is not provided by YCUSD and is the responsibility of the undersigned. Parent/guardian.

PROVIDING ANY FALSE INFORMATION ON THIS FORM MAY INVALIDATE THIS TRANSFER REQUEST.

Applications for Inter-District requests must be renewed annually.

_____ _____
Parent/Guardian (Print Name) Parent/Guardian (Signature) Date

For School Personnel Use Only

YUBA CITY UNIFIED SCHOOL DISTRICT
[ ] Approved [ ] Denied

_____
Name

_____
Signature Date

REQUESTED DISTRICT/SCHOOL
[ ] Approved [ ] Denied

_____
Name

_____
Signature Date

RESET FORM PRINT FORM