



Yuba City Unified School District

750 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 # _____ DOB: _____ Grade Level: _____

Student's Name _____
Last First

Physical Address _____
Street City Zip

Parent/Guardian Address (if different) _____

Parent/Guardian Phone: Preferred # _____ Work# _____

Parent/Guardian email: _____

Resident School _____ **Requested School** _____

Reason for Request: ☐ Sibling at this school (Sibling Name/ School) _____

☐ YCUSD employee at _____

☐ 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

REQUESTING OR SENDING DISTRICT/SCHOOL

☐ Approved ☐ Denied

Name

Name

Signature

Date

Signature

Date