East Side Union High School District INTRA-DISTRICT TRANSFER REQUEST

Application Date/ For	School Year
Student NameSch. I	D#Grade
DOB:/Age Sex: F M	IEP: Y N 504: Y N
AddressCity	State ZIP
Parent/Guardian Name (PLEASE PRINT)	
Home# ()/ Work# ()/	Cell# ()/
Request is hereby made for an intra-district from:	
Home School:to Requested School: Athletic Eligibility: ISF and CCS rules & regulations regarding athletic shall apply to all students on intra-district transfers.	
State the reasons for requesting the Intra-District transfer. Attach supporting documentation related to this request if applicable.	
Parent/guardian must sign if student is under 18 years of age.	
Parent/Guardian Signature	Student Signature
DISTRICT OFFICE USE ONLY	
HOME SCHOOL PRINCIPAL/DESIGNEE	DIRECTOR OF STUDENT SERVICES
Site Offers Similar Program(s)	Site Offers Similar Program(s)
Site Offers Specialized Program(s) Site Offers Similar Resources/Access	Site Offers Specialized Program(s)
Other:	Other:
PRINCIPAL/DESIGNEE'S SIGNATURE:	
DATE:	DIRECTOR'S SIGNATURE:
RECEIVING SCHOOL PRINCIPAL/DESIGNEE DATE CONTACTED: VIA: PHONE EMAIL APPROVED DENIED	DATE:
SUPERINTENDENT'S OFFICE USE ONLY	
APPEAL APPROVED without transportation APPEAL DENIED	
NOTE:	
SUPERINTENDENT'S SIGNATURE	DATE