



**INTRADISTRICT TRANSFER REQUEST FORM**

For transferring within CUESD schools

1645 WEST MILL STREET, ANDERSON, CA 96007  
 P (530) 378-7000 F (530) 378-7001

JASON PROVENCE, SUPERINTENDENT

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Grade

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Birthdate

Male

Female

20\_\_\_\_/20\_\_\_\_  
 School Year

\_\_\_\_\_  
 Parent/Guardian Name

\_\_\_\_\_  
 Primary Phone

\_\_\_\_\_  
 Present Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 ZIP

\_\_\_\_\_  
 Parent e-mail

\_\_\_\_\_  
 Desired School

\_\_\_\_\_  
 School Attending

\_\_\_\_\_  
 School of Residence

Is there a sibling currently at school of desired attendance:  No  Yes \_\_\_\_\_  
 (Name of sibling attending desired school)

Check box/es of Special Programs your child receives:  IEP  ELL  504

Is this Transfer request due to a change in residence?  YES  NO

Reason(s) for requesting INTRA-district Transfer:  
 \_\_\_\_\_

The School District reserves the right to administratively deny or revoke an Intradistrict transfer based on insufficient space for neighborhood children, a student's record of attendance, behavior, or any additional factors that would negatively affect the instructional program at the receiving school. Students may be subject to denial or displacement due to excessive enrollment or other causes which are determined to be reasonable or prudent. **Home-to-school transportation is the responsibility of the parent.** The initial approved Intradistrict Transfer Request is in effect for the school year specified above. In order to change schools again, another application must be submitted. This includes returning to the home school. An Intradistrict Transfer Request Application is subject to annual renewal.

\_\_\_\_\_  
 Parent/Guardian Signature:

\_\_\_\_\_  
 Date

**FOR SCHOOL DISTRICT USE ONLY**  
**Parent Notification**

You are hereby notified that your Intradistrict Enrollment Transfer Application has been:  Approved  Denied

Insufficient room in school of desired attendance  Other \_\_\_\_\_

\_\_\_\_\_  
 Administrator Signature

\_\_\_\_\_  
 Date

Forms/Intradistrict Transfer Request 8/2021 ad

**CASCADE CARES**

Challenging classroom discourse ♦ Academic success ♦ Responsible behaviors ♦ Engaging strategies ♦ Supportive relationships

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