

PARADISE UNIFIED SCHOOL DISTRICT

6696 Clark Road
Paradise, California 95969
(530) 872-6400

Request for Change in School of Attendance
(transferred between schools within Paradise Unified School District)

This is to request that our child be permitted to attend _____
School in the Paradise Unified School District beginning _____, 20_____.

Name of student: _____ Grade: _____

Is the student in a Special Education program? Yes o No o

Is a Special Education program being considered for him/her? Yes o No o

Residence address: _____

Mailing address (if different): _____

City: _____ Zip Code: _____ Phone: _____

School serving our residence: _____

School now attending: _____ Renewal o New Request o

Our reasons for wishing our child to attend school in another school in the Paradise Unified School District as requested above are:

Four horizontal lines for writing reasons.

I understand that if this request is approved, the following conditions apply:

- This transfer request may be revoked at any time for reasons deemed sufficient by school authorities.
• Permission must be requested each year in order for my child to continue attending this school.
• My child will be assigned to a class on a space available basis.
• If I choose to return my child to his/her "school of residence" (after this intra-district request is granted), I understand he/she will be assigned on a space available basis.
• If this "Request for Change in School of Attendance" is approved, I will be required to provide transportation for my child(ren). The District is not responsible for providing transportation to students who are attending school outside of their attendance area.

Date _____ Signed _____
(parent or legal guardian)

Parent Name (please print) _____

(for District use only)

Receiving site: Approved o Denied o _____
(Principal) Date

Sending site: Approved o Denied o _____
(Principal) Date