



Paradise Unified School District

**Intradistrict Transfer Request (Form 10)**  
**Request for Change in School of Attendance**  
(Transfer between schools within Paradise Unified School District)

This is to request that our student be permitted to attend \_\_\_\_\_ School in the Paradise Unified School District beginning: \_\_\_\_\_, 20 \_\_\_\_\_.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  504 plan or  IEP

Is the student in a Special Education program?  Yes  No

Is a Special Education program being considered for the student?  Yes  No

**Residential Address:** \_\_\_\_\_  
Street City Zip Code

**Mailing address (if different):** \_\_\_\_\_  
Street City Zip Code

**Residence School:**

- Cedarwood Elementary  Ponderosa Elementary  Paradise Elementary  
 Pine Ridge School  Paradise Intermediate

**School Currently Attending:**

- Cedarwood Elementary  Ponderosa Elementary  Paradise Elementary  
 Pine Ridge School  Paradise Intermediate

**Our reasons for requesting our child to attend school in another PUSD school are:**

\_\_\_\_\_  
\_\_\_\_\_

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

1. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, approval may be revoked.
2. This transfer request will be reviewed annually in order for my child to continue attending this school.
3. My child will be assigned to a class on a space available basis.
4. If I choose to return my child to his/her "school of residence" (after this intradistrict request is granted), I understand he/she will be assigned on a space available basis.
5. If this Intradistrict Transfer Form 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.
6. This transfer request may be revoked at any time for reasons deemed sufficient by school authorities.

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

Parent/Guardian Name (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

**For District Use Only**

**Receiving School:**  Approved  Denied

\_\_\_\_\_  
Principal's Signature Date

**Sending School:**  Approved  Denied

\_\_\_\_\_  
Principal's Signature Date