Paradise Unified School District
Inter-District Transfer Request

Name of Student(s): ___________________________ Date of Birth: __________ Grade: ______
Name of Student(s): ___________________________ Date of Birth: __________ Grade: ______
Parent/Guardian Name: ___________________________ Phone #: __________________
Residence Address: ___________________________
Mailing Address: ___________________________
Email Address: ____________________________________________________________________________

Is your student currently expelled, on a suspended expulsion or discipline contract?    ☐ Yes    ☐ No

School now attending: ___________________________

Programs in which student participates:  ☐ Athletics    ☐ Special Education    ☐ Other: ___________________________

I request approval for my child(ren) listed above, be permitted to attend ____________________________ School District during the _________________ school year.

Briefly state the reason for this request: ________________________________________________________
________________________________________________________________________________________

In the event that this application is approved, I agree and understand that:
1. The above-named student(s) will be transferred back to his/her district of residence if facilities or programs
   become impacted in the school the student is assigned to attend.
2. Approval may be rescinded if the student demonstrates unsatisfactory attendance, credit accrual or discipline.
3. Falsification of misrepresentation of information on this form constitutes grounds to cancel this request.
4. The parent/guardian assumes responsibility for all transportation for the student(s) listed above.

_________________________         ___________________________         _________________
Signature of Parent/Guardian            Printed Name of Parent/Guardian            Date

Release/Denial of Release by District Of Residence

The above-named student(s) is/are  ☐ released    ☐ not released by the Paradise Unified School District for
attendance in the ____________________________ School District for ☐ 1 Year    ☐ 4 Years
Superintendent/Designee: ___________________________            Date: _________________

Acceptance/Denial of Release by District Of Attendance

The above-named student(s) is/are  ☐ accepted    ☐ not accepted by the ____________________________
School District. Student(s) will be enrolled at ____________________________ School for ☐ 1 Year    ☐ 4 Years
Superintendent/Designee: ___________________________            Date: _________________

Note: If transfer is approved for one year, you must reapply for another transfer the following school year. If the
transfer is approved for four years, there is no need to submit another transfer during your student’s high
school years unless the other district requires you to do so.

Form 11 (01/2019)