Paradise Unified School District
Inter-District Transfer Request

Name of Student(s): __________________________ Date of Birth: ________________ Grade: ________

______________________________ Date of Birth: ________________ Grade: ________

Parent/Guardian Name: __________________________ Phone #: __________________

Residence Address: ___________________________________________________________

Mailing 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 in the __________________________ 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  Approval may be rescinded if the student demonstrates unsatisfactory attendance, credit accrual or discipline.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  Print 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)