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HUMAN RESOURCES



Intra-District Transfer Request
Based on Hardship under Board Policy 5116.1

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2017-2018

ATTENTION: The Parent Statement portion of this form must be filled out for the request to be considered. The process begins at the school of residency as determined by boundary.

Parent/Guardian: please print:

Student Name _____ Grade _____ DOB: _____

School of Residence _____ School Requested _____ School Currently Attending _____

Parent/s Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Does your student have an IEP or 504 Plan? YES NO
If so, please attach a copy to this application.

HARDSHIP REQUEST

Intra-district transfers are approved for hardship only. A hardship is defined as an unforeseeable, unavoidable, and uncorrectable act, condition, or event, outside of the student's or family's control, which causes the imposition of a severe burden, unrelated to any curricular or co-curricular activity in which the student wishes to participate.

All Transfers: The District provides bus transportation only for students who reside beyond designated walking distances, within Board established school attendance areas. The parent/guardian will be responsible for providing daily transportation to and from the school of attendance. When space is available on Board established routes, the student may ride the school bus pursuant to established policies. All transfers are valid through the 12th grade. **I understand this transfer may be revoked at the conclusion of any semester if my child does not maintain satisfactory grades, attendance, and behavior.** Future requests for siblings to attend the requested school will not be automatically approved.

(Home Site Administration Use)

I have spoken with the parent/guardian of the above named student and the requested school site administrator regarding this transfer request.

Requested Site _____ Date of Parent Conference _____

Administrator's Signature _____ Date _____

For 10th -12th grades only:

# Absences	Truancy	# F's	GPA	Credits Att/Comp	Discipline	Major Discipline	Date Reviewed

Approved, criteria verified

Denied, does not meet criteria

PUHSD Superintendent Signature _____

No transfer will be granted for social reason, transportation problem, convenience, athletics, educational programs or school situations which are correctable.

Parent or Guardian Statement giving a detailed explanation of the absolute compelling need for their son/daughter to be granted an intra-district transfer:

Lined area for writing the Parent or Guardian Statement.

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both. This school district investigates all residing statements (Penal code 118, 126, 127).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I would so testify under oath, if called to do so. By signing this form I acknowledge that I have read and understand the conditions above.

Professional Signature _____ Date _____

Parent Signature _____ Date _____

Revised 10/1/16 db