

**PITTSBURG UNIFIED SCHOOL DISTRICT
INTER-DISTRICT TRANSFER REQUEST**

Office Use Only:

Student Services
2000 Railroad Ave, Suite D
Pittsburg, CA 94565

(925) 473-2347
Fax (925) 439-1650

For the School Year _____ - _____ **New** _____ **Renewal** _____

I request permission for my student(s):

1. _____ 2. _____
Name of Student (nombre del estudiante) Grade (Grado) Birth Date Name of Student (nombre del estudiante) Grade (Grado) Birth Date

3. _____ 4. _____
Name of Student (nombre del estudiante) Grade (Grado) Birth Date Name of Student (nombre del estudiante) Grade (Grado) Birth Date

Last School Attended: _____ **District/School(s) Requested:** _____
Nombre de la última Escuela a la que asistió Nombre del Distrito y Escuela que está solicitando

Name of Parent/Guardian _____
Nombre del los Padres/Tutores Legales

Address _____
Dirección Street Apt # City Zip Code

Home Phone Number _____ **Work/Cell** _____
Nº de teléfono en el hogar Nº de trabajo/celular

Is discipline action pending on child? _____ **Yes** _____ **No** **Student in Special Education Program?** _____ **Yes** _____ **No**
¿Existe una acción disciplinaria pendiente? ¿Recibe Educación Especial?

Reason for Request: Verification MUST be attached for all requests.

- 1. Student attended the requested High School in the 9th, 10th or 11th grade. *Estudiante ha asistido a la secundaria solicitada en los grados 9, 10, 11*
- 2. Parent/ Guardian works within the requested district. *Padre/Tutor legal trabaja en el distrito solicitado.*
- 3. Family Court or Foster Child. *Corte de familia o niño de crianza*
- 4. Student goes to local childcare or professional childcare (K students only). *Estudiante asiste al cuidado infantil local o cuidado infantil profesional*
- 5. Student is moving in to the requested district (Final Escrow papers must be provided). *Estudiante se traslada al distrito solicitado*
- 6. Other *Otro* : _____

I have read and understand the following: *He leído y entiendo lo siguiente:*

- **Reapplication must be made annually.** *Hay que reaplicar anualmente.*
- Transfer agreements are subject to revocation for students who do not maintain reasonable standards. *Los acuerdos de transferencia están sujetos a revocación para los estudiantes que no mantengan estándares razonables.*
- Transportation **must** be provided by parent/guardian. *El padre/tutor legal debe proveer transporte*
- **High School Students:** An Interdistrict Transfer **may affect athletic eligibility.** Check with school principal. *Alumnos de la Escuela secundaria: Una transferencia interdistrital puede afectar la elegibilidad atlética. Consulte con el director de la escuela.*

I declare that the information contained in this contract is true, and I agree that any falsification of information invalidates this request.

Parent/Guardian Signature _____ **Date** _____

ACTION:	___ Preference or convenience not valid reason for transfer
<input type="checkbox"/> APPROVAL	___ Does not meet Board Policy
<input type="checkbox"/> DENIAL	___ Education can be provided by District of Residence
	___ Over District Quota Policy to Leave
	___ Without exchange of IPSU/Funds
	___ Other _____
Director of Student Services _____ Date: _____	

Receiving District	
<input type="checkbox"/> APPROVED	Authorized Signature _____ Date: _____
<input type="checkbox"/> DENIED	Reason for Denial _____