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 2022 - 2023 **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 Districto y Escuela que está solicitando

Name of Parent/Guardian_____ **Email Address:** _____
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 School during the last school year. ***El estudiante asistió a la Escuela solicitada durante el último año escolar.***
☐ 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. *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:

☐ APPROVAL
☐ DENIAL

___ Preference or convenience not valid reason for transfer
___ Does not meet Board Policy
___ 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

☐ APPROVED Authorized Signature _____Date:_____

☐ DENIED Reason for Denial _____

Distribution: White- PUSD Yellow- Receiving District Pink- Parent/ Guardian **StuServ 2017**