

# AROMAS - SAN JUAN UNIFIED SCHOOL DISTRICT



2300 San Juan Highway  
 San Juan Bautista, CA 95045  
 PHONE: (831) 623-4500  
 FAX: (831) 623-4907

## INTRADISTRICT TRANSFER REQUEST

School Year \_\_\_\_\_  
 New \_\_\_\_\_  
 Renewal \_\_\_\_\_

REQUESTED SCHOOL (circle one) AROMAS / SAN JUAN REQUESTED DISTRICT ASJUSD

Student's Last Name – PLEASE PRINT CLEARLY \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade Level for School Year requested \_\_\_\_\_ Enrolled in Special Ed? \_\_\_\_\_  
 Program Name \_\_\_\_\_

Requested starting date of student: \_\_\_\_\_  
Month / Day / Year

REASON(S): (1) \_\_\_\_\_ Parent Employment (2) \_\_\_\_\_ Childcare (3) \_\_\_\_\_ Special Instruction  
 (4) \_\_\_\_\_ Environmental Factors (5) \_\_\_\_\_ District Interest

SPECIFIC REASONS FOR REQUEST: \_\_\_\_\_

**School of Residence:** \_\_\_\_\_

**School Last Attended:** \_\_\_\_\_

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS STATEMENT AND UNDERSTAND THE FOLLOWING CONDITIONS:

1. Children may not be enrolled at the requested school until both schools approve intradistrict agreement.
2. Intradistrict agreements may be cancelled at any time during the school year due to overcrowded classroom conditions, or to unsatisfactory attendance, scholastic progress, or behavior of students (as per school policies).
3. Parents must resubmit intradistrict agreements each year for reapproval, upon their own initiative, prior to their child(ren)'s re-enrollment in the requested school each fall.
4. Incorrect information will cause this agreement to be revoked.
5. Parents are responsible for transportation of children.
6. Special education needs may need to be negotiated between the schools.

Parent Name: \_\_\_\_\_ PLEASE PRINT Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Parent SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

DISTRICT OF RESIDENCE: <b><u>Aromas-San Juan USD</u></b> _____ SCHOOL ACTION--RELEASE _____ Approved _____ Denied Other conditions: _____ _____ By: _____ Date: _____	DISTRICT OF ATTENDANCE: <b><u>Aromas-San Juan USD</u></b> _____ SCHOOL ACTION--TRANSFER _____ Approved _____ Denied Other conditions: _____ _____ By: _____ Date: _____
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