

**INTRADISTRICT TRANSFER REQUEST****Students that live within our boundaries, and would like to transfer within Alpine Union School District****STUDENT(S) INFORMATION**

Last Name	First Name	Grade
Last Name	First Name	Grade
School Currently Attending:	School of Choice:	
Reason for Request:		

MY STUDENT IS ENROLLED IN THE FOLLOWING PROGRAMS:☐ 504 ☐ Special Education ☐ Other:

*Special Education students will be considered for transfer based on individual needs of students, schools and/or program availability and class composition.

PLEASE READ AND NOTE THE FOLLOWING:

Student must meet and maintain all policies for Academics, Attendance and Behavior.

I understand my request will be considered along with other applications. If applications exceed space available, random, unbiased selection process will be used to determine the order of acceptance after continuing students and applicants under the No Child Left Behind (NCLB) legislation have been placed.

Timeframe for District Response

- The districts involved will notify the parent / guardian by mail of their decision within timeframes specified herein.
- For requests submitted during the regular school year, districts shall respond within 30 days of submitting the request.
- For requests submitted for admission in the subsequent school year up to 30 days prior to the start of the subsequent regular school year, districts shall respond within 14 calendar days of the start of the subsequent school year.

If your child utilizes our transportation services, upon approval,
please re-register with the updated information on our website.

PARENT INFORMATION

Parent name:	
Address:	
Telephone:	Email:
Parent Signature:	

FOR DISTRICT USE ONLY

Request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for Denial: <input type="checkbox"/> Insufficient Room in needed grade level or program <input type="checkbox"/> Other:		
Authorized Signature:	Title:	Date:



Alpine Union School District

Date received:

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