

# Roseville City School District REQUEST FOR INTRADISTRICT TRANSFER



D.O. Stamp

Transferring from one Roseville City School to another Roseville City School

Blue Oaks, Brown, Buljan, Cirby, Chilton, Cooley, Crestmont, Diamond Creek, Eich, Fiddymont Farm, Gates, Jefferson, Junction, Kaseberg, Orchard Ranch, Sargeant, Spanger, Stoneridge, Woodbridge

**School Year: 20 \_\_\_\_\_ - 20 \_\_\_\_\_ Please Complete One Form Per Child**

Is your child receiving **Special Education** services?  No **If yes**, which services (please check one or more):  Special Day Class  
 Resource Specialist  Speech and Language Therapy  Occupational Therapy  Adapted Physical Education  Other \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
*Last First For School Year Requested*

Physical Address \_\_\_\_\_  
*Street City Zip*

Mailing Address (if different) \_\_\_\_\_

Parent/Guardian Address (if different) \_\_\_\_\_

Parent/Guardian Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other # \_\_\_\_\_

Resident School \_\_\_\_\_ Requested School \_\_\_\_\_

Reason for Request:  Currently Enrolled  Has Sibling at this School

Child Care \_\_\_\_\_  Employment \_\_\_\_\_

Other \_\_\_\_\_

Are you currently under an expulsion order?  No  Yes If "Yes", from which school? \_\_\_\_\_

This agreement may be revoked if student is not making adequate academic progress, attending school on a regular basis and maintaining a positive disciplinary record.  
If class size reaches capacity under the district/state criteria, students on attendance agreement may have to return to their school of residence.  
The school district of attendance will report and collect the state ADA for the school year.  
Transportation is not provided and is the responsibility of the undersigned.

**PROVIDING ANY FALSE INFORMATION ON THIS FORM MAY INVALIDATE THIS REQUEST**

Applications for intra-district transfer for the **current school year** are submitted to the office of the school of residence.  
Applications for intra-district transfer for the **next school year** must be submitted to the Roseville City School District office.

\_\_\_\_\_  
Parent/Guardian (**Print name**)

\_\_\_\_\_  
Parent/Guardian (**Signature**) Date

**For Resident School Office Use Only**

Granted  
 Denied Denial due to: \_\_\_\_\_

\_\_\_\_\_  
*Resident School Principal's Signature Date*

**For Requested School Office Use Only**

Granted  
 Denied Denial due to: \_\_\_\_\_

\_\_\_\_\_  
*Requested School Principal's Signature Date*

\_\_\_\_\_  
*Requested District Superintendent/Designee Signature Date*