Paradise Unified School District Inter-District Transfer Request

Name of Student(s):	Date of Birth:	Grade:
	Date of Birth:	Grade:
Parent/Guardian Name:	Phone #: _	
Residence Address:		
Mailing Address:		
Is your student currently expelled, on a suspended expulsion or discipline contract? Yes No		
School now attending:		
Programs in which student participates: Athletics Special Education Other:		
I request approval for my child(ren) listed above, be permitted to attend		
School in theSchool District during the		
school year. Briefly state the reason for this request:		
 In the event that this application is approved, I agree and understand that: The above-named student(s) will be transferred back to his/her district of residence if facilities or programs become impacted in the school the student is assigned to attend. Approval may be rescinded if the student demonstrates unsatisfactory attendance, credit accrual or discipline. Falsification of misrepresentation of information on this form constitutes grounds to cancel this request. The parent/guardian assumes responsibility for all transportation for the student(s) listed above. 		
Signature of Parent/Guardian Printed Name	e of Parent/Guardian	Date
Release/Denial of Release by District Of Residence		
The above-named student(s) is/are \square released \square not released by the Paradise Unified School District for		
attendance in the School District for \[\] 1 Year \[\] 4 Years		
Superintendent/Designee:	Date:	
Acceptance/Denial of Release by District Of Attendance		
The above-named student(s) is/are accepted not accepted by the		
School District. Student(s) will be enrolled at	School	for 🗌 1 Year 🔲 4 Years
Superintendent/Designee:		Date:

Note: If transfer is approved for one year, you must reapply for another transfer the following school year. If the transfer is approved for four years, there is no need to submit another transfer during your student's high school years unless the other district requires you to do so.