Paradise Unified School District

Intradistrict Transfer Request (Form 10)
Request for Change in School of Attendance
(Transfer between schools within Paradise Unified School District)

This is to request that our student be permitted to attend _____ School in the Paradise Unified School District beginning: _____, 20 _____.

Student's Name: _____ **Grade:** _____ ☐ 504 plan or ☐ IEP

Is the student in a Special Education program?   ☐ Yes   ☐ No

Is a Special Education program being considered for the student?   ☐ Yes   ☐ No

Residential Address: _____
                          Street   City   Zip Code

Mailing address (if different): _____
                          Street   City   Zip Code

Residence School:

☐ Cedarwood Elementary   ☐ Paradise Junior High

☐ Pine Ridge School   ☐ Paradise Ridge Elementary

School Currently Attending:

☐ Cedarwood Elementary   ☐ Paradise Junior High

☐ Pine Ridge School   ☐ Paradise Ridge Elementary

Our reasons for requesting our child to attend school in another PUSD school are:

_____

_____

I understand that if this request is approved, the following conditions apply:

1. If the student demonstrates unsatisfactory attendance, scholarship, or citizenship, approval may be revoked.
2. This transfer request is valid for one school year and must be resubmitted and approved each year.
3. My child will be assigned to a class on a space available basis.
4. If I choose to return my child to his/her "school of residence" (after this intradistrict request is granted), I understand he/she will be assigned on a space available basis.
5. If this Intradistrict Transfer Form is approved, I will be required to provide transportation for my child(ren). The District is not responsible for providing transportation to students who are attending school outside of their attendance area.
6. This transfer request may be revoked at any time for reasons deemed sufficient by school authorities.

Parent/Guardian Signature: _____   Date: _____

Parent/Guardian Name (please print): _____

Home Phone: _____   Cell or Work Phone: _____

For District Use Only

Receiving School: ☐ Approved   ☐ Denied   _____
                                              Principal's Signature   Date

Sending School: ☐ Approved   ☐ Denied   _____
                                              Principal's Signature   Date