STUDENT ASSIGNMENT DEPARTMENT
855 LENZEN AVENUE, SAN JOSE, CALIFORNIA 95126
REQUEST FOR INTRADISTRICT STUDENT TRANSFER
(Please Print or Type)

For School Year: ____________
New Request: □ Renewal: □

Requested School: ____________________________ Neighborhood School: ____________________________

Student Name: ______________________________
First Name __________________________________
Last Name __________________________________

Student ID Number: ____________ Grade: ____________ Date of Birth: ______________
(For year requested)

Home Address: ____________________________ San Jose, CA Zip Code: ____________

Home Phone: _______________ Cell: _______________ Work: _______________

Is your student currently enrolled in Special Education? □ Yes □ No □ RSP □ Speech □ SDC
(Check all that apply)

SDC (Special Day Class): Student can only be placed or transferred by a Program Specialist.

Reason for request (check all that apply):

Currently attending requested school

□ Renewal: Your student is currently attending the requested school on an Intradistrict Transfer

□ Overload: You were assigned to the requested school as an overload, because your attendance boundary school was full.

□ Preschool: Attended preschool at requested site. (For Kinder or Transitional Kinder applicants only)

□ Change of Address: You recently moved out of the attendance boundaries of the school you are requesting.

New request (List in order of priority for approval)

□ Are you employed by SJUSD? □ Yes □ No If yes, at what location? ____________________________
(Department/Site)

□ Sibling: Student has a sibling attending the school, for the year requested.

□ Employment: Verification of employment within the requested school’s boundaries must be submitted with this form.

□ Child Care: An affidavit for childcare within the requested school’s boundaries must be submitted with this form.

□ Other: Please attach reason for request.

Transfer requests for issues regarding safety/bullying, social adjustment, student behavior and dissatisfaction with the school staff must begin with the school site Principal. Intradistrict Transfers for these reasons will not be processed.

(Please complete the reverse side of this form)
Please read and initial the following statements:

- I understand that Intradistrict Transfers are approved only if there is space available after assigning neighborhood students. In accordance with law, no student currently residing within a school’s attendance boundary shall be displaced by a student transferring from outside an attendance area.

- I understand that new Intradistrict Transfer applications might not be processed until up to one month after the start of the school year and that my student will remain enrolled at his/her neighborhood boundary school until his/her Intradistrict Transfer is approved.

- I understand that if after a month after the start of school there is no space available at the requested school, my Intradistrict Transfer will be denied and I will be informed via mail.

- I understand that the District will not provide transportation services to students on an Intradistrict Transfer.

- I understand that Intradistrict Transfer agreements must be renewed annually.

- I understand that Intradistrict Transfer students must maintain satisfactory attendance, behavior and academic achievement. Recommendation to terminate a student’s Intradistrict Transfer may be made if the student fails to maintain:
  1. Regular and punctual school attendance. Eight or more days of absence within a school year is considered excessive (national average).
  2. Satisfactory school behavior. Suspension for school is grounds for termination of the Intradistrict Transfer agreement.
  3. Satisfactory school achievement as determined by the school’s academic criteria.

- I understand that parent or legal guardians’ unwillingness to cooperate with district and school personnel could result in a termination of a student’s Intradistrict Transfer agreement.

- I understand that the use of false information to secure an Intradistrict Transfer will invalidate the Intradistrict Transfer agreement.

- I certify that all of the information in this Intradistrict Transfer application is truthful.

Parent/Guardian Print: ________________________________

Parent/Guardian Signature: ___________________________ Date: _____________

(FOR DISTRICT USE ONLY)

- □ SJUSD Enrollment Center    □ Student Assignment  Initials___________ Date:______________

- □ Approved based on space availability.

- □ Denied for the following reason: ________________________________

Signature of Authorized Representative: ___________________________ Date: _____________

Revised 10/10/2018