



K-8 INTRA-ZONE TRANSFER REQUEST

(Please complete a separate application for each student)

Parents may request to transfer student to a different school **within** the same zone for the _____ school year. Priority will be given to families that have children attending different schools. Approval of request will be based on space availability at the preferred school. If space is not available, your child will be placed on a waiting list.

Student for Whom Request Is Made		
First Name	Last Name	
Current Grade	Date of Birth	Office Use:
Current Student Address		
Address	City	Zip
Parent Information		
Name	Phone #1	Phone #2
Email Address		
Parent Address if different from Student Address		
Address	City	Zip
Is parent/guardian an employee of SUSD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," position of employment	If "yes," location of employment
Current Assigned School		Preferred School(s)
Siblings Enrolled at Preferred School		
Name: _____		Grade: _____
Name: _____		Grade: _____
Name: _____		Grade: _____
Name: _____		Grade: _____
Was your child involuntarily moved to another school? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO , explain reason for intra-zone transfer request:		
Parent Signature: _____		Date: _____
Disposition of Request (for office use only)		
<input type="checkbox"/> Approved <input type="checkbox"/> Waiting List Priority 1 = Siblings 2 = Involuntary move 3 = Other	Notes:	
		Enrollment Tech Initial _____
Authorizing Signature: _____		Date: _____