



K-8 OUT-OF-ZONE & HARDSHIP EXCEPTION TRANSFER REQUEST

Completed form must be submitted to the Centralized Enrollment Center
1800 S Sutter Street, Stockton, CA 95206 (209) 933-7028

Select Type of Transfer: _____ Date Received: _____

Out-of-Zone Transfer Hardship Exception

Hardship Exception applications are for the current school year and will need to be resubmitted for every new school year.

This request is submitted for consideration: Immediately
 At the beginning of the _____ school year
 Other: _____

Student(s) for Whom Request Is Made (please list below)

First Name	Last Name	Current Grade	Date of Birth	Office Use

Current Street Address

Address _____ City _____ Zip Code _____

Parent's Name _____ Phone #1 _____ Phone #2 _____

Is parent/guardian an employee of SUSD? Yes No If "yes," position of employment _____ If "yes," location of employment _____

Current Assigned School _____ Preferred School(s) _____

Please explain the reason for this transfer request including an explanation of the hardship (below).

Use back or attach an additional sheet if necessary.....

Parent Signature: _____ Date: _____

Exceptions for hardship will be considered on their merits on a case-by-case basis.

Input from receiving school principal (below)

Disposition of Request (for office use only)

Attach student(s) current attendance and discipline records

Approved Denied Pending Continued Notes: _____

Enrollment Tech Initial _____

Authorizing Signature: _____ Date: _____