



Santa Cruz City Schools Intradistrict Transfer Application 2019-2020

Directions: Applications for 6-12th grade Intradistrict Transfers will be accepted January 20 – February 15. Applications for TK-5th grade Intradistrict Transfers will be accepted February 25 – March 15. Applications must be received at the Office of Student Services, Santa Cruz City Schools, 133 Mission Street, Ste. 100, Santa Cruz, CA 95060 or Faxed: (831)429-3450 **by 5:00 pm on February 15 (Secondary) or March 15 (Elementary).**
For elementary students, you must first enroll the student in the school of your attendance area, obtain the Principal or Designee’s signature, and bring or mail the application to the Office of Student Services. If you have any questions, please call (831)429-3410 ext. 215

Last Name:	First Name:	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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I'm applying for the Two Way Immersion Program (Kinder and 1st grade only) Yes No Home Language: _____

I hereby request that my student be permitted to attend _____ School in Grade _____ for 2019-20 school year.

The student currently attends: _____ in Grade: _____ or is Pre-K.

Is this student in a Special Education Program? Yes No
If Yes, indicate program: RSP SDC Speech Other: _____ Current Special Education Teacher: _____

Reasons for requesting an Intradistrict Transfer

You have moved and you want your student to remain in the same school he/she currently attends.

The student has a sibling attending the requested school:
Name: _____ and Grade level _____ of sibling enrolled in 2019-20.

The student is a child of a permanent Santa Cruz City Schools District employee. Please list the employee below.
Name: _____ and work site: _____ of employee.

The requested school is closer to my home.

Other:

Are you currently playing on a high school athletic team? Yes No

Parents/Guardian **must initial** on the lines to indicate understanding of stipulations regarding the Intradistrict Transfer process:

_____ I understand that any Intradistrict Transfer may be rescinded up to 20 days after the start of the school semester if a student currently residing in the attendance area arrives and would be otherwise displaced.

_____ I understand that once the Intradistrict Transfer is accepted, the student must attend the requested school for **1 semester** at the secondary level and **1 year** at the elementary level before applying for another Intradistrict Transfer – even back to the school of residence.

_____ I understand that if an Intradistrict Transfer is approved, transportation **will not be** provided by the school district.

_____ I understand that Intradistrict Transfer approvals are subject to review and may be revoked for poor attendance or discipline issues.

_____ I understand that approval of an Intradistrict Transfer application, when space is available, is based upon the following priorities:
(1) Students who have moved out of the school attendance area but wish to remain at the same school.
(2) Students who have a sibling who has previously and will still be attending the requested school in 2019-20.
(3) Children of district employees who live in the district.

I hereby certify that I understand and agree to the conditions outlined above:

Print Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
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Street Address:	Apt. #	City:	Zip Code:
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Email Address:	Cell Phone:	Home Phone:	Work Phone:
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FOR OFFICE USE ONLY

Principal Signature of school of residence (**Elementary Only**) _____ Date: _____

School of Residence: _____ Current School: _____

Date **Approved**: _____ Date **Denied**: _____ Date **Declined**: _____

Student Services Signature: _____ TWI/MCS Waiting List # _____