



Santa Cruz City Schools Intra District Transfer Application 2025-2026

Application # _____

Directions: Applications for 6-12th grade Intra District Transfers will be accepted January 13 – February 8. Applications for TK-5th grade Intra District Transfers will be accepted February 18 – March 8. Applications must be received at the Office of Student Services, Santa Cruz City Schools, 133 Mission Street, Ste. 100, Santa Cruz, CA 95060, via email to mluna@sccs.net or Faxed: (831)429-3450 **by 4:30 pm on February 8 (Secondary) or March 8 (Elementary).** For elementary students, you must first enroll the student in the school of your attendance area, obtain the principal signature, and drop it off in the office of your attendance area. If you have any questions, please call (831)429-3410 ext. 48215 or via email at mluna@sccs.net

Legal First and Last Name is the name that appears in the student's Birth Certificate.

Legal Last Name:	Legal First Name:	Date of Birth: / /	Legal Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
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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 2025-26 school year.

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

Does this student have an IEP or is in a Special Education Program? Yes No (Does not including a 504 Plan)

Reasons for requesting an Intra District 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 2025-26.
- 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 Intra District Transfer process:

- _____ I understand that any Intra District Transfer may be rescinded up to 20 days after the start of the school semester if a student currently residing in the attendance area arrives and would be otherwise displaced.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 Intra District 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 Intra District Transfer – even back to the school of residence.
- _____ I understand that if an Intra District Transfer is approved, transportation **will not be** provided by the school district.
- _____ I understand that Intra District Transfer approvals are subject to review and may be revoked for poor attendance or discipline issues.
- _____ I understand that approval of an Intra District 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 2025-26.
 - (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:
Street Address:	Apt. #	City:
		Zip Code:
Email Address:	Cell Phone:	Home Phone:
		Work Phone:

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 #	