

**REDDING SCHOOL DISTRICT REQUEST FOR INTRA-DISTRICT TRANSFER  
BETWEEN SCHOOLS WITHIN THE DISTRICT  
SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_**

Date of Request: \_\_\_\_\_ Voluntary Transfer \_\_\_\_\_ Involuntary Transfer \_\_\_\_\_

**THE FOLLOWING CONDITIONS GOVERN INTRA-DISTRICT AGREEMENTS WITHIN THE REDDING SCHOOL DISTRICT**

1. Intra-district agreements must be initiated at the school of residence.
2. Administrators of both the school of residence and the school of attendance must review and either approve or deny the request.
3. The intra-district agreement must be submitted to the superintendent who will make the final determination as to the disposition of the request.
4. It is the responsibility of the parent or guardian making the request to see that all appropriate administrators have reviewed the request.
5. The responsibility for transportation to the requested school of attendance rests with the parent or guardian.
6. First priority of attendance will go those students who live within the boundaries of the school of attendance.
7. Intra-district agreements may be revoked at any time at the discretion of the district.
8. Approval of the intra-district agreement is dependent upon enrollments (both present and future), and it is understood that there are a number of reasons which may cause the district to revoke this intra-district agreement. \_\_\_\_\_ (Parent or Guardian Initial)
9. Additional restrictions:

\_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

School of Residence: \_\_\_\_\_

School Student Desires to Attend: \_\_\_\_\_

School Student Attended Last School Year: \_\_\_\_\_

Reason for requesting this intra-district transfer: \_\_\_\_\_

Does your child have a current IEP placing them in a Special Education Program? YES \_\_\_\_\_ No \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Email: \_\_\_\_\_

**Administrator– School of Residence** Approved \_\_\_\_\_ Denied \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrator– School of Attendance** Approved \_\_\_\_\_ Denied \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Superintendent- (Disposition of request)** Approved \_\_\_\_\_ Denied \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_