

# Marysville Joint Unified School District

1919 B Street ~ Marysville, CA 95901 ~ (530) 749-6172 ~ Fax (530) 742-2926

Inter -District Transfer (Outside District)

Intra District Transfer (School in District)

School Year Requested \_\_\_\_\_ - \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Please Print) Last First

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, Street, Apt. Number Home Number  
City Zip Code Cell Number

Grade Level for School Year Requested: \_\_\_\_\_

1. School Presently Attending: \_\_\_\_\_
2. District and School of Residence: \_\_\_\_\_
3. Requested District and School to Attend: \_\_\_\_\_

Did your child previously attend school in #3?  Yes  No

If yes, how long? \_\_\_\_\_ Was it under an Inter-District agreement?  Yes  No

Is your child currently under an expulsion or discipline contract?  Yes  No

List any special programs in which your child is enrolled, i.e. (Special Education, GATE, etc.) \_\_\_\_\_

Please check reason(s) for request:  Child Care  Parent Employment  Personal Preference  
 Continued Education  Relocation of residence  Other: \_\_\_\_\_

***I understand that an inter-district Attendance Agreement is conditional upon: 1) The student obeying school rules and maintaining 96% attendance and passing all courses. 2) Class sizes not exceeding maximum allowed by statute or contract. The student is subject to change to another school or termination of the agreement if any of these conditions occur. Transportation is the responsibility of the parent/student.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only			
Date Received: _____		Date Processed: _____	
<input type="checkbox"/> Hand Carried	<input type="checkbox"/> Mailed	<input type="checkbox"/> Faxed	<input type="checkbox"/> Emailed
<u>SENDING SCHOOL</u>		<u>RECEIVING SCHOOL</u>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Principal	_____ Date	_____ Principal	_____ Date
<u>SENDING DISTRICT</u>		<u>RECEIVING DISTRICT</u>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Superintendent Designee	_____ Date	_____ Superintendent Designee	_____ Date

Inter/Intra District Agreement (Education Code 46600 and 46601)