

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 20____-20____ *Please complete one form per child

Are you currently under an expulsion or discipline contract? Yes ☐ No ☐

Is your child receiving special education services? Yes ☐ No ☐

Is your child on a SARB contract? Yes ☐ No ☐

Has your child participated in high school athletics? Yes ☐ No ☐ *A transfer may affect eligibility to participate in sports

Student's Name: _____
(Please Print) Last Name First Name

Parent/Guardian Name: _____

Physical Address: _____
Street City Zip Code

Grade Level requested: _____ Parent/Guardian Cell Phone# _____

School of Residence: _____ School Requested: _____

Did your child attend this school last year? Yes ☐ No ☐

Please check reason(s) for request:

Parent Sibling attends that school Active military Agency Request (Probation, HHS, SARB)
Employment

School Safety Child attended school last year

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: _____

APPLICATIONS FOR INTER-DISTRICT TRANSFER REQUESTS MUST BE RENEWED ANNUALLY

For Official Use Only

Date Received: _____ Date Processed: _____

☐ Hand Carried ☐ Mailed ☐ Faxed ☐ Emailed

MARYSVILLE JOINT UNIFIED

☐ Approved ☐ Denied

REQUESTED DISTRICT

☐ Approved ☐ Denied

Name of Superintendent Designee

Name of Superintendent Designee

Signature Date

Signature Date