Marysville Joint Unified School District

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

Inter -District Transfer (Outside D	istrict)	Intra Dis	strict Transfer (Sch	ool in District)
School Y	Year Requeste	d		
Student's Name:(Please Print) Last		First		
Parent/Guardian Name:				
Address: Number, Street, Apt. Number			Home Number	
City Zip Co	 ode		Cell Number	
Grade Level for School Year Requested:				
School Presently Attending:	·			
2. District and School of Reside	ence:			
3. Requested District and Scho	ool to Attend:			
Did your child previously attend school in	ı#3? 🗌 Y	Yes No		
If yes, how long? Was it un	ıder an Inter-D	District agreemen	t? Yes No	
Is your child currently under an expulsion	ı or discipline c	contract?	Yes No	
List any special programs in which your cl Please check reason(s) for request:				
Continued Education Relocati	ion of residenc	ce Other:		
I understand that an inter-district Attend rules and maintaining 96% attendance a statute or contract. <u>The student is subje</u>	and passing all ect to change t	l courses. 2) Class to another school	s sizes not exceeding m I or termination of the	aximum allowed by
these conditions occur. Transportation is	·	bility of the pare		
Parent/Guardian Signature:			Date:	
Date Received:		cial Use Only Date	Processed:	
Date Received			ed \$\fraccised\$ Emailed	
SENDING SCHOOL		RECEIVING ♦ Approve	G SCHOOL d ◊ Denied	
Principal SENDING DISTRICT	Date	Principal RECEIVING		Date
♦ Approved ♦ Denied		♦ Approve	d ◊ Denied	
Superintendent Designee	——————————————————————————————————————	Superintende	ent Designee	Date

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