DEL MAR UNION SCHOOL DISTRICT
APPLICATION FOR INTRADISTRICT TRANSFER

For Grade_____ Gender: ☐Male ☐Female For School Year_____

Child's Name_____
Last *First* *Middle*

Date of Birth_____ Special Education Services? ☐Yes ☐No

School of Residence_____

School of Desired Attendance - First Choice_____

Second Choice_____

Third Choice_____

School Now Attending or Last Attended_____

Reason for Request_____

_____

_____

Parent/Guardian Name (*Please Print*)_____

Home Address_____

City and Zip_____ Email_____

Home Phone_____ Business or Cell Phone_____

Parent/Guardian Signature_____Today's Date_____

By signing and submitting this form, you acknowledge and understand the following: (1) the District must comply with several requirements and prohibitions imposed by the Education Code concerning the granting of an intradistrict transfer request, including, but not limited to, a prohibition against intradistrict transfer students displacing resident students; (2) intradistrict transfers may be granted for up to, but not more than, one full school year; (3) a child's attendance at a particular school during the prior school year does not guarantee that an intradistrict transfer for subsequent school years will be granted; (4) intradistrict transfer requests must be submitted no earlier than 90 days before the last day of the current school year and no later than 14 days prior to the first day of school in the next school year for each school year in which parents seek an intradistrict transfer; and (5) the Superintendent or designee may cancel or deny an intradistrict transfer request for any reason, including the displacement of a resident student that may result from the intradistrict transfer.

The Governing Board retains the right to determine the capacity of each school in the District, the attendance boundaries of each school in the District, and the appropriate racial and ethnic balances as applicable by law. Please refer to Board Policies/Administrative Regulations 5111, 5116, and 5116.1: School Attendance Boundaries and Intradistrict Open Enrollment.

Please return this form to your child's current school of attendance.

Official Use Only: Received By_____Date_____

☐ Approve Director of
☐ Deny Student Services_____Date_____