



# Santa Cruz City Schools Intradistrict Transfer Application (Open Enrollment) 2018-2019

**Directions: Applications for 6-12<sup>th</sup> grade Intradistrict Transfers will be accepted January 20 – February 15. Applications for TK-5<sup>th</sup> grade Intradistrict Transfers will be accepted February 25 – March 15. Applications must be received** at the Office of Student Services, Santa Cruz City Schools, 405 Old San Jose Road, Soquel, CA 95073 or Faxed: (831)429-3450 **by 5:00 pm on February 15 (Secondary) or March 15 (Elementary).**  
**For elementary students,** you must first enroll the student in the school of your attendance area, obtain the Principal or Designee’s signature, and bring or mail the application to the Office of Student Services. If you have any questions, please call (831)429-3410 ext. 215

Last Name:	First Name:	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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I'm applying for the Two Way Immersion Program (Kinder and 1<sup>st</sup> grade only)  Yes  No Home Language: \_\_\_\_\_

I hereby request that my student be permitted to attend \_\_\_\_\_ School in Grade \_\_\_\_\_ for 2018-2019 school year.

The student currently attends: \_\_\_\_\_ in Grade: \_\_\_\_\_ or is Pre-K.

Is this student in a Special Education Program?  Yes  No  
If Yes, indicate program:  RSP  SDC  Speech  Other: \_\_\_\_\_ Current Special Education Teacher: \_\_\_\_\_

**Reasons for requesting an Intradistrict Transfer**

You have moved and you want your student to remain in the same school he/she currently attends.

The student has a sibling attending the requested school:  
Name: \_\_\_\_\_ and Grade level \_\_\_\_\_ of sibling enrolled in 2018-2019.

The student is a child of a permanent Santa Cruz City Schools District employee. Please list the employee below.  
Name: \_\_\_\_\_ and work site: \_\_\_\_\_ of employee.

The requested school is closer to my home.

Other:

Are you currently playing on a high school athletic team?  Yes  No

Parents/Guardian **must initial** on the lines to indicate understanding of stipulations regarding the Intradistrict Transfer process:

\_\_\_\_\_ I understand that any Intradistrict Transfer may be rescinded up to 20 days after the start of the school semester if a student currently residing in the attendance area arrives and would be otherwise displaced.

\_\_\_\_\_ I understand that once the Intradistrict Transfer is accepted, the student must attend the requested school for **1 semester** at the secondary level and **1 year** at the elementary level before applying for another Intradistrict Transfer – even back to the school of residence.

\_\_\_\_\_ I understand that if an Intradistrict Transfer is approved, transportation **will not be** provided by the school district.

\_\_\_\_\_ I understand that Intradistrict Transfer approvals are subject to review and may be revoked for poor attendance or discipline issues.

\_\_\_\_\_ I understand that approval of an Intradistrict Transfer application, when space is available, is based upon the following priorities:

- (1) Students who have moved out of the school attendance area but wish to remain at the same school.
- (2) Students who have a sibling who has previously and will still be attending the requested school in 2018-19.
- (3) Children of district employees who live in the district.

**I hereby certify that I understand and agree to the conditions outlined above:**

Print Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
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Street Address:	Apt. #	City:	Zip Code:
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Email Address:	Cell Phone:	Home Phone:	Work Phone:
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**FOR OFFICE USE ONLY**

Principal Signature of school of residence (**Elementary Only**) \_\_\_\_\_ Date: \_\_\_\_\_

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

Date **Approved**: \_\_\_\_\_ Date **Denied**: \_\_\_\_\_ Date **Declined**: \_\_\_\_\_

Student Services Signature: \_\_\_\_\_ TWI/MCS Waiting List # \_\_\_\_\_