

Chico Unified School District  
1163 E. 7<sup>th</sup> Street, Chico, CA 95928, 530-891-3000  
Inter-District Transfer Request

Name of Student(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Is your student currently expelled, on a suspended expulsion or discipline contract?  Yes  No

School now attending: \_\_\_\_\_

Programs in which student participates:  Athletics  Special Education  Other: \_\_\_\_\_

I request approval for my child(ren) listed above, be permitted to attend \_\_\_\_\_

School in the \_\_\_\_\_ School District during the \_\_\_\_\_  
school year. Briefly state the reason for this request: \_\_\_\_\_

In the event that this application is approved, I agree and understand that:

1. The above-named student(s) will be transferred back to his/her district of residence if facilities or programs become impacted in the school the student is assigned to attend.
2. Approval may be rescinded if the student demonstrates unsatisfactory attendance, credit accrual or discipline.
3. Falsification or misrepresentation of information on this form constitutes grounds to cancel this request.
4. The parent/guardian assumes responsibility for all transportation for the student(s) listed above.
5. This agreement expires at the close of the current school year unless otherwise noted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

**Release/Denial of Release by District Of Residence**

The above-named student(s) is/are  released  not released by the Chico Unified School District for attendance  
in the \_\_\_\_\_ School District for  1 Year  \_\_\_ Years

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**Acceptance/Denial of Release by District Of Attendance**

The above-named student(s) is/are  accepted  not accepted by the \_\_\_\_\_  
School District. Student(s) will be enrolled at \_\_\_\_\_ School for  1 Year  \_\_\_ Years

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_