

Chico Unified School District
1163 E. 7th 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: _____

Email 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 Approval may be rescinded if the student demonstrates unsatisfactory attendance, credit accrual or discipline.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: _____