



# Piner-Olivet Union School District

## REQUEST FOR INTRADISTRICT TRANSFER

**For School Year: 20** \_\_\_\_\_/\_\_\_\_\_ **For Grade:** \_\_\_\_\_ **Sex: M / F/ NB**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

School of Residence \_\_\_\_\_ Prev. Attended? Yes No

School Requested \_\_\_\_\_ Prev. Attended? Yes No

How will transportation be provided to school? \_\_\_\_\_

Reason for Transfer (optional): \_\_\_\_\_

I have read, and understand, the district guidelines on the reverse side of this page.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO DISTRICT OFFICE - 3450 Coffey Lane, Santa Rosa, CA 95403**

Approved  Denied

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



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