

Piner-Olivet Union School District

REQUEST FOR INTRADISTRICT TRANSFER

For School Year 20 ____/____ For Grade:____ Sex: M / F

Student's Name: _____ Date of Birth:_____ Age:_____
Address:_____ Zip Code:_____
Home Phone: _____ Cell:_____ 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? _____

REQUEST MUST MEET GUIDELINES STATED ON REVERSE SIDE OR IT WILL BE DENIED.

Please state reason for requesting this transfer and indicate the specific guideline (by number) on the reverse side of this form that applies to your reason.

Guideline # _____

± IF REQUEST IS FOR CHILDCARE, THE FOLLOWING INFORMATION MUST BE SUBMITTED.
Childcare Provider _____ Phone No. _____
Address _____ Zip Code _____

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

Signature of parent/guardian _____ Date _____

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

Approved Denied | _____ Signature _____ Date _____

† LOGGED † SCHOOLWISE

SCHOOL ATTENDANCE BOUNDARIES**Intradistrict Change - District Need**

The district may find it necessary to move students from one district school to another. This transfer will be based primarily on the needs of the total educational program, including but not limited to the following criteria as determined by the Superintendent or designee:

1. The need to balance class size within the district.
2. The need to prevent overcrowding at a school site.
3. The need to move a child for personal reasons, based upon the recommendation of the building principal.

Intradistrict Change - Parent Request

Every effort will be made to accommodate requests within the constraints listed in this policy. A review committee comprised of the Superintendent or designee's administrative council has been formed to review all requests for transfer of students from one school to another.

All pertinent information should be submitted at the time of application. Appeal of a decision may be made IF ADDITIONAL INFORMATION BECOMES AVAILABLE. Transfers within the district will be given priority over transfers from other districts.

Guidelines for approval of a transfer from one district school to another are listed below. In all of the guidelines, class size/space availability may be a factor as to whether or not a request is granted.

1. Hardship. Defined as a situation which is considered confidential and could not be discussed in a public meeting; essentially a medical, psychological or social problem; to be verified in writing by an M.D., psychologist, social worker or probation officer. The written verification must accompany the request for transfer.
2. Participation in special education programs which are not offered at the school of residence. This is based on space availability.
3. Home under construction or in the process of purchase with family occupancy set at a reasonable time, generally six months. This will require verification.
4. Concurrent attendance of a sibling.
5. Sixth graders moving from one attendance zone to another who request to complete the year with their classmates.
6. Any student who moves with his/her family from one school attendance zone to another may remain until the quarter or semester marking period to prevent undue difficulty in transferring.
7. Babysitting or childcare problems will be considered, (childcare must be within the requested attendance area). Consideration of this item is based largely on space availability.
8. When the district changes the school attendance boundary a request to keep a student in their previous school will be approved once there is a classroom space available.

Requests based on interest in having a particular teacher or on the belief that one school is superior to the other, will not be approved.

Submission of false information will result in an immediate return of the student to their school of residence.