



# ORCUTT UNION SCHOOL DISTRICT

## INTRA-DISTRICT TRANSFER REQUEST

*This request must be completed and submitted during open enrollment, March 1<sup>st</sup> through April 15<sup>th</sup>.  
Students requesting an Intra-District Transfer Request must be residents of the Orcutt Union School District.*

Date: _____	
Student: _____	Grade: _____
Parent/Guardian: _____	Cell Phone: _____
Address: _____	
Student resides within the boundaries of: _____	
Attendance is requested at: _____	

**Please check the applicable reason as listed in priority order.**

- \_\_\_\_\_ 1. Student is currently attending the school due to a previously approved transfer or having resided in the attendance area immediately prior to this request.
- \_\_\_\_\_ 2. Student's parent is a permanent employee of Orcutt Union School District.
- \_\_\_\_\_ 3. Student has a sibling attending the school during the same academic year.
- \_\_\_\_\_ 4. Student has a need for childcare within the attendance area of the requested school and the care is verified by the childcare provider.
- \_\_\_\_\_ 5. All other Orcutt Union School District students requesting transfers.

**Please Note:**

- District transportation will *not* be provided.
- Approval will be granted on the basis of space availability after families who live in the attendance area are placed.
- Approval may be revoked at any time if the student fails to comply with school attendance, student performance and discipline policies.
- If there are more students desiring a transfer than space allows, a lottery will be held.
- If my child is accepted for enrollment in accordance with the above request, ***I understand that my child may be required to return to his/her school of residence during the school year if classes become impacted.***

\_\_\_\_\_  
(Parent Guardian Signature)

\_\_\_\_\_  
(Date)

Approved     Wait List     Disapproved

\_\_\_\_\_  
(Signature of person approving request)

\_\_\_\_\_  
(Date)