PALO VERDE UNIFIED SCHOOL DISTRICT INTRA-DISTRICT TRANSFER REQUEST

ENEWAL: YES NO			FOR SCHOOL YEAR		
basis. Parents/Guardians completing this form. <u>Ap</u>	may request consideration proval is contingent or 15 and April 15. Becau	on for transfer to a n available space	school outside of . Requests for	fers of students on a space available their regular school attendance area by the following school year must be Reduction Act, some schools may	
		PLEASE PRIN	<u>T</u>		
SPECIAL EDUCATION, i Resource (RSP) Please Specify Handica	Spec	cial Day Class (SI	DC)	Other	
Name:		Age	Grade Leve	el:	
Parent/Guardian:	arent/Guardian:Phone:				
Address	C	City	State	Zip Code	
School of Residence:	ol of Residence:Transfer to:				
Reasons(s) for Transfer: _					
	Parent Signat	ure:		Date:	
I understand that the above space not available or uns				dence for any of the following reasons:	
I UNDERSTAND THAT I NOTIFY THE SCHOOL C				CHOOL FOR MY CHILD AND I WILL EQUEST.	
	election. Written notificate	tion regarding this	request will be m	Intra-District transfer requests will be nailed to the address above as soon as Y.	
FOR OFFICE USE ONLY					
Principal-School of Residence Approval/Denial:				Date:	
rincipal-Receiving School Approval/Denial:				Date:	
Superintendent Approval/Denial:				Date:	
Reason for Denial:					
Comments:					
White: Superintendent Yellow: Parent	Pink: Sending So Goldenrod: Rece				

Revised: 04/01/21