

- Involuntary
- Voluntary

**BUCKEYE UNION SCHOOL DISTRICT
INTRADISTRICT TRANSFER AGREEMENT**

- Return to School of Residence

Parents/Guardians who reside within the district are requested to file this application with their school of residence or their child's current school. If this application is approved, it will then be forwarded by the school of residence (or current school) to the requested school for approval. Parents will be notified upon final approval. In addition, this form will be completed for parents of children who are involuntarily transferred for notification and recording purposes. A separate form will need to be completed for each child in a family if a parent is requesting an Intradistrict transfer for more than one of his/her children. Parents will only need to submit another Intradistrict Transfer Agreement if they want to change schools in the future or transition from elementary to middle school.

PUPIL'S NAME _____ GRADE (for effective school year): _____

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SCHOOL OF RESIDENCE: _____

SPECIAL EDUCATION SERVICES: YES NO

SCHOOL REQUESTED: 1st Choice: _____ 2nd Choice: _____

REASON FOR CHANGE OF SCHOOL: _____

NOTE – An Initial Intradistrict Transfer Agreement should be filed by the published deadline and will be granted on a space available basis. Another Intradistrict Transfer does not need to be filed unless a parent desires to change schools again in the future. Should a school exceed its established capacity, Intradistrict Transfer Agreements in future years could be denied.

Date of Application: _____ Signature: _____

OFFICE USE ONLY

This agreement is effective for the duration of your child's attendance at the requested/receiving school, unless the school's enrollment exceeds its capacity.

SCHOOL OF RESIDENCE/CURRENT SCHOOL

- () The request for transfer is approved
- () Resident school is overcrowded.
- () Student is referred to another site.
- () The request for transfer is denied.

The reason for this determination
Is: _____

REQUESTED/RECEIVING SCHOOL

- () The request for transfer is approved.
- () The resident school is overcrowded.
- () Student is approved to attend.
- () The request for transfer is denied.

The reason for this determination
Is: _____

SIGNED BY THE AUTHORIZED REPRESENTATIVES:

Current School of Residence

PRINCIPAL

DATE OF AUTHORIZATION

Requested Receiving School

PRINCIPAL

DATE OF AUTHORIZATION