BERRYESSA UNION SCHOOL DISTRICT
1376 Piedmont Road, San Jose, CA 95132 * 408-923-1830
INTRA DISTRICT TRANSFER REQUEST FORM
(within BERRYESSA)

DATE RECEIVED

PLEASE PRINT ALL INFORMATION

1. REQUEST FOR SCHOOL YEAR 20_____/20_____

2. STUDENT NAME_____/_____ BIRTH DATE _____/_____/_____ ❒M ❒F GRADE_____
   LAST FIRST

   HOME ADDRESS _____ CITY_____ ZIP_____

3. PARENT/GUARDIAN NAME _____ PHONE (___) _____ PHONE (___) _____

4. IS THIS STUDENT IN SPECIAL EDUCATION? ❒YES ❒NO

   IF YES, CHECK PROGRAM: ❒SPECIAL DAY CLASS (SDC) ❒SPEECH/LANGUAGE (LSH) ❒RESOURCE SPECIALIST (RSP)

   SIGNATURE OF SPECIAL EDUCATION ADMIN (REQUIRED) _____ DATE _____

5. DOES THE CHILD HAVE A SECTION 504 PLAN? ❒YES ❒NO

6. SCHOOL REQUESTED 1._____ RESIDENT SCHOOL _____

   You may list no more than 3 choices in order of priority

   2._____ DISTRICT LAST ATTENDED _____

   3._____ SCHOOL LAST ATTENDED _____

   IS A SIBLING ALREADY ATTENDING THE SCHOOL REQUESTED? ❒YES ❒NO

   _____ _____
   IF YES, SIBLING'S NAME GRADE

7. I CERTIFY THAT ALL STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND FALSIFICATION OF INFORMATION WILL BE JUSTIFICATION FOR REVOKING OR DENYING A TRANSFER AND MY CHILD'S TRANSFER. ANY CHANGE OF ADDRESS WILL BE REPORTED IMMEDIATELY TO THE SCHOOL MY CHILD IS ATTENDING. I UNDERSTAND INTENTIONALLY GIVING FALSE INFORMATION IS CONSIDERED TO BE FRAUDULENT.

   I UNDERSTAND I WILL BE NOTIFIED BY MAIL AND/OR TELEPHONE CALL OF THE APPROVAL/DENIAL BY BERRYESSA UNION SCHOOL DISTRICT. WHILE WAITING FOR A DECISION, I WILL REGISTER MY CHILD AT MY RESIDENT SCHOOL. I AM AWARE IT IS THE RESPONSIBILITY OF THE PARENT TO PROVIDE TRANSPORTATION.

   IF STUDENT IS NOT ENROLLED IN DISTRICT BY START OF SCHOOL YEAR, TRANSFER IS INVALID.

   _____ _____
   PARENT/GUARDIAN SIGNATURE DATE

   ALL APPROVED CHOICE INTRA-DISTRICT TRANSFERS WILL REMAIN IN EFFECT UNTIL THE HIGHEST GRADE LEVEL AT REQUESTED SCHOOL.

DISTRICT USE ONLY

❒ NEW INTRA
❒ MOVED*
❒ SPECIAL ED PLACEMENT
❒ DISCIPLINARY PLACEMENT
❒ OTHER _____

❒ CURRENT YEAR ONLY
❒ UNTIL HIGHEST GRADE LEVEL AT REQUESTED SCHOOL

❒ APPROVED ❒ DENIED DATE: _____
IF DENIED, REASON: _____
_____

AUTHORIZED BY: _____

❒ OVERLOAD/CURRENT YEAR ONLY ❒ BACK TO RESIDENT SCHOOL

STUDENT ID # _____

* *SCHOOL OFFICE TO COMPLETE*

RESIDENCE VERIFIED BY: _____ _____
Name Date

RESIDENT VERIFICATION: _____ AND ❒ PG&E ❒ OTHER _____
(List what was shown) (List what was shown)

LOTTERY/ WAITING LIST #

❒ INFINITE CAMPUS UPDATED