

New Renewal



ESCALON UNIFIED SCHOOL DISTRICT

1520 Yosemite Avenue
Escalon, CA 95320
(209) 838-3591 ♦ FAX (209) 838-6703

REQUEST FOR INTRA-DISTRICT TRANSFER

I hereby request that my child, _____,

who lives in the:

SELECT ONE - Colleagueville Dent Farmington Van Allen

School jurisdiction, and will be in grade _____, be allowed to attend:

SELECT ONE - Colleagueville Dent Farmington Van Allen

School for the 20____ - 20____ school year.

REASON: _____

Signed: _____
(Parent, Guardian)

Date: _____

Print Full Name: _____

Phone: _____

(Address) (City) (State) (Zip)

ACTION REPORT ON INTRA-DISTRICT TRANSFER REQUEST

The petition for an intra-school transfer for the above named student has been: Granted
Denied

COMMENTS:

Superintendent: _____ Date: _____

Distribution: **White** -District Office **Canary** -Attendance School **Pink** -Parent