



Silver Valley Unified School District
REQUEST FOR INTRA-DISTRICT TRANSFER

Transferring from one Silver Valley USD School to another Silver Valley USD School

School Year: **20** _____ - **20** _____

Please Complete One Form Per Child

Student's Name: _____ Grade _____ DOB _____
Last First

Physical Address: _____
Street City State Zip

Mailing Address (if different): _____
P.O. Box/Street City State Zip

Parent/Guardian's Name: _____
Father/Guardian Mother/Guardian

Parent/Guardian Phone: Home _____ Work _____ Cell _____

Resident School: _____	Reason for Request:	
	<input type="checkbox"/> Currently Enrolled	<input type="checkbox"/> Has sibling at this school
Requested School: _____	<input type="checkbox"/> Employment	<input type="checkbox"/> Child Care
	<input type="checkbox"/> Other _____	

Is your child receiving **Special Education** services? Yes No **If yes, which services (please check all that apply)**
 Special Day Class Resource Specialist Speech/Language Therapy Occupational Therapy Other _____

Is the student currently under an expulsion order? Yes No **If yes, which school?** _____

<u>CHILD CARE PERSON/AGENCY</u>	<u>FATHER'S EMPLOYMENT INFORMATION</u>	<u>MOTHER'S EMPLOYMENT INFORMATION</u>
Name: _____	Employer: _____	Employer: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____

TERMS AND CONDITIONS

- This agreement may be revoked if the student is not making adequate academic progress, attending school regularly, and maintaining a positive disciplinary record.
- If class size reaches capacity under the district/state criteria, students on attendance agreement may have to return to their school of residence.
- The school district of attendance will report and collect the state ADA for the school year.
- Transportation will not be provided and will be the undersigned's responsibility.

PROVIDING ANY FALSE INFORMATION ON THIS FORM MAY INVALIDATE THIS REQUEST

Applications for intra-district transfer for the current school year need to be submitted to the office of the school of residence. Careful consideration will be given to your request based on district policy. You will be notified of approval or denial by the school of the attendance area requested (grades K-8) or the district office (high school requests).

Parent/Guardian Name (Please print)

Parent/Guardian (Signature)

Date

<u>For Resident School Office Use Only</u>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Reason: _____	
_____ <i>Resident School Principal's Signature</i>	_____ <i>Date</i>

<u>For Requested School Office Use Only</u>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Reason: _____	
_____ <i>Requested School Principal's Signature</i>	_____ <i>Date</i>