

# INTRADISTRICT TRANSFER REQUEST



*Roseville Joint Union  
High School District*

Please complete this form and submit to the District Office (1750 Cirby Way, Roseville, CA 95661)

Student's Name: _____ (First) (Last)	DOB: _____
Current Address: _____	City: _____ ZIP: _____
Best Contact Phone: _____	Best Email: _____
*Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	*504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Next Grade Level: _____	

School of Residence/Home School:

School Currently Attending:

School Requesting to Attend:

**Reason for Request**  
Click or tap here to enter text.

**My signature certifies that I have accepted the conditions of this Intradistrict Transfer. I understand that upon approval of this agreement, transportation is the responsibility of the parent.**

Parent/Guardian Name: \_\_\_\_\_ (print) Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

## DISTRICT USE ONLY

Special Education students will be reviewed by the Special Education Department before transfer can be approved.

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director of Personnel Services

Decision Information