

**Santa Rosa City High School District**  
**READ CAREFULLY**

School attendance boundaries are established by the board of Education to ensure a reasonable distribution of students among the schools. In doing so, the school district provides quality programs throughout the district. The Superintendent's Designee shall approve or deny such Intradistrict transfer requests based upon Board Policy and Administrative Regulation 5118. All pertinent information should be submitted at the time of application. Appeal of a decision may be made to the Superintendent's Designee at the Child Welfare and Attendance Office.

The following criteria are used for approval of Intradistrict requests:

1. Hardship. (Defined as a situation which is considered confidential and could not be discussed in a public meeting; essentially a medical, psychological or social problem. Written verification from a physician, social worker, licensed psychologist, MFCC, MFT or probation officer must be submitted with this application.)
2. Home under construction or in the process of purchase, or rental, with family occupancy set at a reasonable time. (Escrow instructions, constructions contract or rental agreement must be submitted with this application.)
3. Concurrent attendance of a sibling. (Give name and grade of sibling.)
4. The student's parent/guardian is employed by Santa Rosa City Schools and is assigned to the requested school.
5. Any student who moves with his/her family from one school attendance zone to another may remain until the end of that current school year.
6. Students' babysitter or child care provider lives within the requested attendance zone. (Give name, address, and telephone number of the child care provider.)
7. Specialized Program not offered at school of residence. (i.e. Art Quest-SRHS, International Baccalaureate-MHS, Early College -PHS, University Center -EAHS, etc.)
8. Continuing Student. (Attended same school or feeder school during prior school year).

Transportation must be provided by the parent/guardian of the student approved via Intradistrict Transfer Request. Satisfactory attendance, behavior, and academic achievement must be maintained. Failure to do so may result in the revocation of this Special Permission.

Any suspendable offense may cause this transfer to be revoked. Also, any attendance referral or truancy notices may cause this transfer to be revoked without further due process. Approval is contingent upon classroom/program space availability, with resident students having priority.

Submission of false information, such as home address, will result in a revocation of this transfer. The student shall than will be ineligible for special permission for one academic year.

Secondary students who transfer from one school to another and wish to participate in athletics are subject to the regulations as set forth by the California Interscholastic Federation (CIF). The application for Intradistrict Transfers shall provide a place for a student to indicate an interest in school athletics. Such students transferring, with an interest in athletic participation should contact the Athletic Director at their new school site.

**SECONDARY INTRADISTRICT SCHOOL TRANSFER REQUEST**

For School Year 20\_\_\_/\_\_\_ SID # \_\_\_\_\_

(Please Print)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent Email \_\_\_\_\_

Age \_\_\_ Current Grade: \_\_\_ Grade when transfer requested \_\_\_\_\_ Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

School of Residence \_\_\_\_\_ Attended Previously? Yes No

School Currently Attending \_\_\_\_\_

School Requested \_\_\_\_\_ Attended Previously? Yes No

Does your Student receive Special Services? Yes No

If Yes: SDC – Teacher \_\_\_\_\_ RSP – Case Carrier \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Transportation will not be provided.

**CHECK ONE OF THE FOLLOWING (HIGH SCHOOL ONLY):**  
\_\_\_ The student for whom this transfer is requested will not participate in interscholastic athletics.  
\_\_\_ The student for whom this transfer is requested wishes to participate in interscholastic athletics considered by all appropriate school and CIF officials.

**REQUEST MUST MEET GUIDELINES STATED ON REVERSE.**

State reason for requesting this transfer and indicate the specific guideline from the reverse side of this form that applies to your reason. Please be brief or attach additional pages.

I have read, and understand, the district guidelines on the reverse side of this page.

*Signature of Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_  
RETURN FORM TO YOUR SCHOOL OF RESIDENCE

*School of Residence Principal/Designee* \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial \_\_\_\_\_

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*School Requested Principal/Designee* \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial \_\_\_\_\_

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**FOR DISTRICT USE ONLY**  
CWA Director/Designee of the Superintendent \_\_\_\_\_ *Date* \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for denial \_\_\_\_\_

**This transfer is only valid for 1 school year and must be renewed yearly.**