

PALO ALTO UNIFIED SCHOOL DISTRICT
APPLICATION FOR INTRA-DISTRICT TRANSFER
ELEMENTARY

Date Submitted: _____

I am requesting permission for the child listed below to attend a school other than our home school in the Palo Alto Unified School District.

STUDENT NAME

DATE OF BIRTH

GRADE APPLYING FOR

(Please Print)

Student # _____

Have you visited your home school? Yes No

From: **Current Neighborhood School:** _____

To: _____ School in Palo Alto Unified School District

Beginning: _____ 20____

REASON FOR REQUEST (may be continued on a separate page if necessary):

I understand that once accepted for enrollment in a new school, in order to change schools again another application must be submitted.

* If this transfer is approved, I agree that my child will arrive at school on time. I understand that my child will be returned to the neighborhood school if he/she does not arrive on time.

Parent Signature(s): _____ Date: _____

Parent Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

As the authorized school administrator of the neighborhood school, I recommend that this application be:

Approved or Disapproved (CHECK ONE)

Signed: _____ Date _____

Principal

Comments: _____

As the authorized school administrator of the receiving school, I recommend that this application be:

Approved or Disapproved (CHECK ONE)

Signed: _____ Date _____

Principal

Comments: _____

* Approval of transfer does not alter school attendance area for middle and/or high school.