



EL DORADO UNION HIGH SCHOOL DISTRICT

## Intradistrict Attendance Application

### REQUEST FOR THE SCHOOL YEAR 20\_\_ - 20\_\_

*To be completed by students requesting a transfer from their school of residence to another traditional high school within the El Dorado Union High School District.*

#### INSTRUCTIONS/APPLICATION PROCESS:

1. Complete the Application and Transfer Acknowledgment and Consent Form (below).
2. **Submit all copies of application to the El Dorado Union High School District, Student Services and Innovation Department.**
3. Intradistrict Transfer requests must be received within the months of January and February preceding the school year for which the transfer is requested.
4. Application will be forwarded to the principal of the school of residence, then will be sent to the principal of the school you are requesting to attend.
5. Application will be returned to the El Dorado Union High School District, Student Services and Innovation Department.
6. Approved/Denied application will be distributed to parents and schools.

**EL DORADO UNION HIGH SCHOOL DISTRICT**  
**Intradistrict Attendance Application**  
**(Between Comprehensive Schools)**  
**REQUEST FOR SCHOOL YEAR 20\_\_ - 20\_\_**

Received Date: _____
Logged on Sheet: _____
Sent to Admin. Assts.: _____
Emailed Parent/Reg: _____

*To be completed by students requesting a transfer from their school of residence to another traditional high school within the El Dorado Union High School District.*

**APPLICATION PROCESS:**

1. Complete the Application, including Transfer Acknowledgment and Consent Form (PLEASE PRINT).
2. **Submit all copies of application to the El Dorado Union High School District, Student Services and Innovation Department.**
3. Intradistrict Transfer requests must be received within the months of January and February preceding the school year for which the transfer is requested.
4. Application will be forwarded to the principal of the school of residence, then will be sent to the principal of the school you are requesting to attend.
5. Application will be returned to the El Dorado Union High School District, Student Services and Innovation Department.
6. Approved/Denied application will be distributed to parents and schools.

STUDENT NAME: _____	PRESENT GRADE: _____	DATE OF BIRTH: _____
PARENT / GUARDIAN NAME(S): _____		PHONE: _____
MAILING ADDRESS STREET: _____ CITY: _____ ZIP: _____		
SCHOOL OF RESIDENCE: _____	CURRENT SCHOOL: _____	
SCHOOL STUDENT IS REQUESTING TO ATTEND: _____	EMAIL: _____	
REASON FOR REQUESTING THIS TRANSFER: _____ <i>Please attach/include any additional information or documentation you would like the administration to consider when reviewing your request.</i>		

- Transportation is **not provided** for students living **outside the residence attendance area**.
- All **intradistrict attendance agreements are subject to revocation** for unexcused absences and tardiness, "cutting" school, nicotine use, willful disobedience, destruction of school properties and other suspendable offenses, violations of State School Laws and Codes as well as District rules and regulations. **Athletic eligibility is at risk when a transfer is granted; see CIF constitution and Bylaw Article 2 or refer to the [CIF website](#).**
- **Special Education Students** need to have an IEP that designates the requested school as an appropriate placement. Special Education staff from both schools need to have participated in the IEP.

Student has **current IEP**:  YES  NO      Student has **current 504**:  YES  NO

**Signature of Parent/Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
**Address:** \_\_\_\_\_ Business Phone: \_\_\_\_\_

**DO NOT WRITE BELOW THIS SPACE – FOR SCHOOL AND DISTRICT OFFICE USE ONLY**

DATE:	SCHOOL OF RESIDENCE:	AUTHORIZED SIGNATURE:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
DATE:	SCHOOL REQUESTED TO ATTEND:	AUTHORIZED SIGNATURE:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
I have reviewed the above request and recommend that it be:      Granted <input type="checkbox"/> Denied <input type="checkbox"/>			
Reason for denial: _____ _____ _____			
_____ <i>Chuck Palmer, Senior Director, Student Services and Innovation</i>			_____ Date

Received Date: _____
Logged on Sheet: _____
Sent to Admin. Assts.: _____
Emailed Parent/Reg: _____

## EDUHSD New Enrollment and Transfer Acknowledgment and Consent Form

Our signatures below acknowledge that I / we have read and agree to the **Board Policies and Administrative Regulations regarding Interdistrict / Intradistrict Attendance / Transfers (AR 5116, AR/BP 5116.1, AR/BP 5116.2, AR/BP 5117)**. Furthermore, I / we understand all Athletic rules, including those pertaining to eligibility, if applicable. I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign heir, trustee, or guardian to the terms of this Agreement.

**ALL FIELDS MUST BE COMPLETED**

(PLEASE PRINT)

STUDENT NAME:	DATE OF BIRTH:	GRADE:
PARENT/GUARDIAN NAME:	DATE:	

(READ EACH ITEM BELOW AND INITIAL)

I UNDERSTAND AND ACKNOWLEDGE THAT:	PARENT / GUARDIAN	STUDENT
1. I/we understand that only one (1) transfer shall be granted per school year. The student must attend for the duration.		
2. I/we reside at the address listed on the request. As defined in CIF Constitution and Bylaws, "reside" is defined as the student and family, with all of their personal items, live full time at the address provided. For students of divorced or separated parents, the student must reside at least 50% of the time at the address provided. The district may request a copy of a divorce decree or legal order indicating the physical custody status of the student as verification.		
3. I/we understand that we are required to submit proof of residence and a new transfer request if there is a change of residence address.		
4. I/we understand that transportation shall not be provided for students living outside of the residence attendance area.		
5. I/we understand that all transfers are subject to revocation due to attendance, academic progress and/or behavior.		
6. I/we understand that any false or misleading information provided to support a transfer request will be grounds to deny, revoke or not renew.		
7. I/we understand that all transfers shall be granted for the entire duration of the student's high school career by EDUHSD, unless another district requires resubmission or other arrangements are made.		

### Acknowledgment for Parents of Student Athletes

(READ EACH ITEM BELOW AND INITIAL)

I UNDERSTAND AND ACKNOWLEDGE THAT:	PARENT / GUARDIAN	STUDENT
1. I understand that transferring to another school site may affect my student's ability to participate in CIF sanctioned athletics at the new school. I recognize and acknowledge possible CIF sanctions that may include, but are not limited to: Sit out periods, which could result in my student missing 1/2 of their season of sport or more at the new school. I also understand that the El Dorado Union High School District has no say in CIF decisions and there is no recourse or appeal to the district.		
2. I understand that CIF may impose sanctions of up to a two-year sit out period for athletes whose parents provide false or misleading information regarding residency or to gain transfer to another school.		
3. I/we understand CIF rules apply regarding athletic eligibility. For more information, please visit <a href="http://www.cifsjs.org">www.cifsjs.org</a> . Parents of transferring student athletes should meet with the Athletic Director of the requested school site prior to submitting the transfer request so you are fully aware of possible ramifications of the transfer, including possible CIF imposed sit out periods or loss of eligibility. By initialing, you acknowledge that you have either met / spoke with the Athletic Director or are aware of this recommendation but have conscientiously elected not to, against EDUHSD recommendation.		

STUDENT SIGNATURE: X	DATE:
PARENT/GUARDIAN SIGNATURE: X	DATE: