

INTRADISTRICT TRANSFER REQUEST

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT
Analy High School and El Molino High School

For school year _____
For grade _____

- New Student
 Continuing Student

Submit request to District Office, 462 Johnson Street, Sebastopol, CA 95472

Date of Request: _____

Student's name: _____ M/F: _____ Telephone: _____
Last First Middle

Address: _____
Street City State Zip Code

DOB: _____ School Presently Attending: _____

School of Residence: (Circle One) **Analy** **El Molino** Requested School: (Circle One) **Analy** **El Molino**

Name of Parent/Guardian: _____

For the sole purpose of determining capacity and space issues which would require the creation of a new program or service, please answer: Has this student or does this student currently receive special education or other special services? Yes No

If yes, describe _____

Reason for Transfer Request: (Please refer to Board of Education guidelines printed on the back of this form)

I understand that if the following conditions are not met this agreement shall be terminated and the student will immediately enroll in the school of residence:

1. I am to attend all my classes on a regular basis.
2. I shall demonstrate good citizenship.
3. I shall respect constituted authority.
4. I shall be diligent in my studies. (Maintain at least a 2.0 GPA)
5. I shall make myself aware of and obey the rules of my new school and the West Sonoma County Union High School District. Any suspendable offense, attendance referrals, class cutting, and truancy notices may cause this transfer to be revoked.
6. I understand that submission of false information shall terminate this agreement.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Request Meets Board Guidelines _____ Yes _____ No Approved _____ Denied _____

School of Residence Administrator Signature: _____ Date: _____

Vacancy Available at Requested School? _____ Yes _____ No Approved _____ Denied _____

Requested School Administrator Signature: _____ Date: _____

District Office Administrator Signature: _____ Effective Date of Transfer: _____

REASON FOR DENIAL: _____

GUIDELINES FOR INTRADISTRICT TRANSFER REQUESTS

(Adopted October 8, 2014; revised June 10, 2015)

An intradistrict attendance transfer may be granted provided one or more of the following conditions is met:

1. There is a verifiable circumstance in which the student is a victim of violent crime or bullying which impacts the student's social, behavioral, or educational situation. In all cases, evidence must verify the impact on the student's social, behavioral or educational situation. Examples of verifying evidence include, but are not limited to:
 - a. The name of an administrator or teacher in the school or district of residence who has information concerning the student
 - b. A letter from the school or district of residence site administrator or representative of an appropriate state or local agency (for example, law enforcement) regarding the student's having been a victim of violent crime or bullying
 - c. Law enforcement records
 - d. A court order, including a temporary restraining order and injunction, issued by a judge
 - e. Documentation from a licensed medical or mental health provider
2. The family is in the process of purchasing a home or constructing a home within the attendance area of the school the student is requesting and occupancy is set within a reasonable time. Examples of verifying evidence include, but are not limited to:
 - a. A letter from the contractor or property owner stating the planned date of occupancy
 - b. An escrow document, building permit or other document that verifies planned date of occupancy
3. There is a verifiable hardship which makes the transfer necessary. A hardship shall be defined, "An unforeseeable, unavoidable and uncorrectable act, condition, or event, outside of the student's or family's control, which causes the imposition of severe burden, unrelated to any curricular or co-curricular activity in which the student wishes to participate." Examples verifying evidence regarding the nature of the hardship and burden include, but are not limited to:
 - a. A letter from a medical care provider
 - b. A letter from a judge or juvenile probation officer

IMPORTANT NOTE REGARDING SIBLINGS:

The applicant's initials at the end of this paragraph indicate the applicant understands that one sibling's attendance at a particular WSCUHSD school will not be deemed cause for an intradistrict transfer of a sibling under the District guidelines for intradistrict transfer. Applicants are hereby cautioned that, an intradistrict transfer of one student will not be viewed as an unforeseeable, unavoidable and uncorrectable situation that results in an educational, social, emotional, transportation, childcare, financial, or other hardship or burden on a sibling.

(Parent/Guardian initial _____)

(Student initial _____)

APPEAL PROCESS:

The superintendent shall appoint an Administrative Panel of credentialed educators to review all appeals of denied intradistrict attendance transfer requests. In order to be approved, the parent/guardian of the student shall demonstrate that those circumstances that prevent attending the school of residence are involuntary and/or unavoidable such that the Administrative Panel could not reasonably expect the student to comply with the residency requirement. The Board of Education shall uphold, overturn or remand for reconsideration the recommendation of the Administrative Panel. The decision of the Board shall be final, without further appeal.