

Student ID # \_\_\_\_\_

La Mesa-Spring Valley School District  
**INTRADISTRICT TRANSFER REQUEST**  
(Between schools within the LMSV District)

\_\_\_\_\_  
Date/Time Received

**SECTION A: PARENT/GUARDIAN COMPLETES THIS SECTION** (PLEASE PRINT AND USE INK)

**REQUESTED FOR SCHOOL YEAR 20\_\_ 20\_\_** Give **GRADE LEVEL** for year requested

<b>STUDENT'S NAME</b>	1. _____	_____	_____	_____	_____
	LAST	FIRST	MIDDLE	DATE OF BIRTH	GRADE
	_____				
<b>ADDITIONAL SIBLINGS ATTENDING</b>	2. _____	_____	_____	_____	_____
	LAST	FIRST	MIDDLE	DATE OF BIRTH	GRADE
	_____				
	3. _____	_____	_____	_____	_____
	LAST	FIRST	MIDDLE	DATE OF BIRTH	GRADE

**PARENT/GUARDIAN NAME**  
 ADDRESS  
 CITY/ZIP

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE NUMBERS:

HOME/CELL: \_\_\_\_\_  
 MOTHER'S WORK: \_\_\_\_\_  
 FATHER'S WORK: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

SCHOOL OF RESIDENCE: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING:  
OR LAST ATTENDED \_\_\_\_\_

SCHOOL OF CHOICE: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Are there any siblings currently attending your School of Choice? List them:**

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

**REASON FOR REQUEST: Check ONE:**

School Choice     Child Care     District Employee     McKinney Homeless Act

Name/Address/Phone number Child Care: \_\_\_\_\_

**STUDENT IS ENROLLED IN THE FOLLOWING PROGRAM(S):**

GATE/PACE     504     SDC\*     RSP\*     SPEECH\*     OTHER \_\_\_\_\_

\*Special education students will be considered for transfer based on individual needs of students, schools and/or program availability and class composition.  
**Upon approval of an Intradistrict Transfer, transportation becomes the responsibility of the parent(s).**

**PLEASE READ AND NOTE THE FOLLOWING:** I understand my request will be considered along with other applications. If applications exceed space available, a random, unbiased selection process will be used to determine the order of acceptance after continuing students, and siblings have been placed. I also understand that revocation of an approved intradistrict transfer may occur due to full school capacity or for unsatisfactory attendance, and/or excessive tardiness. ***PARENT/GUARDIAN FORWARDS ALL COPIES OF FORM TO ANY SCHOOL IN THE LMSV DISTRICT OR DISTRICT OFFICE.***

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION B: FOR DISTRICT USE ONLY**

Request has been :     APPROVED (enrollment of your child must be completed within two weeks )  
                                   DISAPPROVED

Reason:     Lack of space     Other: \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature/Title)

\_\_\_\_\_  
(Date)