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

REQUESTED FOR SCHOOL YEAR 20___ 20___

STUDENT’S NAME 1._______________________________________________________________
LAST   FIRST  MIDDLE  DATE OF BIRTH  GRADE

ADDITIONAL SIBLINGS ATTENDING
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: 1st__________________   2nd__________________

REASON FOR REQUEST: Check ONE:
☒ School Choice  ☐ Child Care  ☐ District Employee  ☐ McKinney Homeless Act

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)