

INTRA-DISTRICT TRANSFER REQUEST

Intra-District Transfer period: January 1st – February 29th

Requests received on or after March 1st will be held for review during the next January/February Intra-District Transfer period, and, if approved, transfer will take place the first semester of the next school year

Galt Joint Union High School District
12945 Marengo Road
Galt, California 95632

Instructions for completing the application:

1. Special Education: Please contact the Director, Special Education at 209-744-5498
2. All other Students: Please complete the following steps:
 - a. Parent to complete and sign the attached Intra-District Transfer Request
 - b. The request and all supporting material must be completed and submitted to the appropriate administrator at the student's 'school of residence'
 - c. The 'school of residence' principal will review the request. If the request has merit, the home school principal will contact the school requested. The home school principal will grant or deny the transfer based upon the information provided by the applicant and upon the available space at the school requested
 - d. In all cases, the burden of establishing the merit of the request for transfer rests with the applicant
 - e. Any falsification of information or any withheld information may result in denial of the intra-district request or the revocation of the intra-district privilege
 - f. A written response to your request will be mailed according to the order in which it was received and such response will occur in January and February during the Intra-District Transfer period
 - g. If approved, the request will be mailed directly to the requested school
 - h. Appeals for denial should be directed to the Superintendent in writing for consideration
 - i. Approved requests must confirm their enrollment within ten (10) days
 - j. **All Intra-District Transfer requests may be turned in at the beginning of January each year continuing through the end of February [2 months] for the upcoming fall semester. Requests submitted from March 1st through December 31st will be kept on file and processed during the next Intra-District Transfer period in January/February. (For example, a request submitted in April or September, will be held for consideration during the next January/February Intra-District Transfer period, with possible approval for the following school year.**
 - k. **Once an Intra-District Transfer is approved, it will remain in effect for the remainder of the student's high school years in Galt Joint Union High School District and can only be revoked, by both parties, for failure to maintain acceptable behavior**

The Superintendent and/or designee may approve the Intra-District Request based on the following:

- a. Transfer request decisions may be considered based on special family needs (i.e. medical)
- b. Transfer request decisions **shall not be** based on a student's academic or athletic performance, except that existing entrance criteria for specialized schools or programs may be used provided that the criteria are uniformly applied to all applicants. Academic performance may be used to determine eligibility for, or placement in special programs

Please note:

- Failure to maintain acceptable academic achievement, attendance and social behavior may result in the revocation of the intra-district transfer. Achievement must be evident at each interim report card period
- All California Inter-Scholastic Federation and Sac-Joaquin Section rules and regulations regarding athletic eligibility shall apply to all students granted intra-district transfer(s)

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12945 Marengo Road
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Check One: New application _____ **Renewal** _____

Name of Student: _____

Grade: _____ DOB: _____ Male ___ Female ___

Parent/Guardian Information:

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

School of Residence: _____

School Requested: _____

Reason for Transfer Request:

- Special Family Needs (medical)
- Special Circumstances
- Other

Explanation: (please use additional pages if necessary)

If you have any questions and/or concerns, please feel free to contact the District Office at 209-745-0249

Parent Signature

Date

Office Use Only:

Date	School of Residence	Authorized Signature	Approved: ____ Denied: ____
Date	School Requested to attend	Authorized Signature	Approved: ____ Denied: ____