Office Use Only



Sibling	
Student DOB	
IEP/Services	
504	
Read / Math	
180	
English Learner	
Medical Need	
Initials	

## REQUEST FOR CHANGE OF SCHOOL PLACEMENT CONTINUING STUDENT

Date/Time Stamp

This form is to be completed if you wish for a child currently enrolled in an elementary school in the Ripon Unified School District to be added to (or remain on) the Transfer Request List. Complete the form below for all children you would like to transfer to another school for the 2022-2023 school year. Include only those children you want transferred.

transfe	erred.			-	·	·
	Please print int Student Last Name	Student First Name	Pres Gra 2021-	sent ade	Present School 2021-2022	or district office Preferred School 2022-2023
		Sibling(s)	Name(s)/sc	hool site: _		
If <b>mo</b> i		ed, please check <u>one</u> of			same time	
	•	dren one at a time				
Please	e read this important	information:				
receiv	ed at the school site. I		that becon	ne availab	le will be granted	he completed transfer request i d through September 30 <sup>th</sup> . ool year.
opport	tunity becomes availab		he district v			ol change. If the transfer offer the transfer. If the transfe
Parent	es can remove their chi	d from the transfer list	by calling	the Distric	t Office (599-213	1 x1133).
I have	read and understand the	ne mandatory transfer p	oolicy.			
Pare	nt Signature		Date			
Pare	nt Name (please prin	t)				
Stree	et	-	City	State	Zip Co	<del>de</del>

Work Telephone Cell Number

Home Telephone