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 2020-2021 school year. Include only those children you want transferred**.**

Please print information clearly and return this form to the school office or district office

Student Last Name	Student First Name	**Present Grade** 2020-2021	**Present School** 2020-2021	**Preferred School** 2021-2022

Sibling(s) Name(s)/school site: _____

If **more** than one child is listed, please check <u>one</u> of the following:

___transfer my children only if they can be transferred at the same time

___transfer my children one at a time

Please read this important information:

Students are placed on a waiting list for their school of choice based on the date and time the completed transfer request is received at the school site. **Intradistrict transfers that become available will be granted through September 30th.** Beginning October 1st, students will remain at their home site throughout the existing school year.

You may remove your student from the transfer list at any time prior to the requested school change. If the transfer opportunity becomes available before October 1st, the district will contact the family and offer the transfer. If the transfer is declined, the student will be dropped from the transfer list.

Parents can remove their child from the transfer list by calling the District Office (599-2131 x1133).

I have read and understand the mandatory transfer policy.

Parent Signature _____ Date _____

Parent Name (please print) _____

Street _____ City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ Cell Number _____