



2100 J Street – Eureka, CA 95501  
(707) 441-3383 fax: (707) 476-1725

Date Received

**INTRADISTRICT TRANSFER REQUEST (within Eureka)  
2023-2024**

**Please PRINT**

**Student Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Grade Level for 2023-2024:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**School Requesting in 2023-24:** \_\_\_\_\_

**Reason parent/guardian is requesting an Intradistrict Transfer:**

( ) **Open Enrollment (first three weeks of January):** \_\_\_\_\_

( ) **Other:** \_\_\_\_\_

**Please specify Special Education Services/EL: (Special Day, Resource, Speech, EL, etc.):**  
\_\_\_\_\_

**Parent/Guardian Name (Please PRINT):** \_\_\_\_\_

**Current Physical Address:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ **Other (circle one): Home / Work / Message:** (\_\_\_\_)\_\_\_\_-\_\_\_\_

**School of Residence:** \_\_\_\_\_

**District of Residence:** \_\_\_\_\_

I attest that the above information is true. I understand that once enrolled, a student shall not be required to reapply for readmission. However, the student may be subject to displacement due to excessive enrollment. The failure of a pupil to attain satisfactory academic progress, follow established rules of conduct, or maintain regular attendance may result in cancellation of the Intradistrict Enrollment Agreement.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***For Office Use Only – All Requests must be returned to the District Office.***

Disposition of Student Services: ( ) Approved ( ) Denied \_\_\_\_\_