



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

Date Received

**INTRADISTRICT TRANSFER REQUEST (within Eureka)
2024-2025**

Please PRINT

Student Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ **Grade Level for 2024-2025:** _____

School Attending: _____

School Requesting in 2024-25: _____

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 _____