JEFFERSON UNION HIGH SCHOOL DISTRICT
Sherry L. Segalas, Director, Pupil Personnel Services
699 Serramonte Blvd., Suite l00, Daly City, CA 94015
Telephone: (650) 550-7945 Fax: (650) 550-7888

REQUEST FOR INTER / INTRA DISTRICT TRANSFER

(Please Print)

This is a request for a transfer of my child in the school year: _____ New Request: _____ Renewal: _____

Student Name: _____ Birth date: _____ **Applying For Grade**: _____ Sex: F: ___ M: ___

Parent/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone:(___) _____ Work Phone:(___) _____ Cell Phone:(___) _____

Current School: _____ Requested School: _____ District Requested: _____

If your student has been on a previous inter-district transfer, please give the name of the district that granted the transfer: _____

_____

Is student receiving Special Education Services or other Special Services? ❑ ***Yes*** ❑ ***No***
If yes, is student in ❑ ***Resource Specialist Program*** ❑ ***Special Day Class*** ❑ ***Other***

Reason for Requesting Transfer: _____

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(If more room is needed, please use the back of this page) ***(Please return to the above address)***

Parent Signature: _____ ❑ Approved ❑ Denied _____
Date

Date: _____

_____
Sherry L. Segalas, Director, Pupil Personnel Services

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