



**INTRADISTRICT TRANSFER REQUEST FORM**

DUARTE UNIFIED SCHOOL DISTRICT  
1620 Huntington Drive ♦ Duarte, CA 91010

**Incomplete forms will be returned**

For school year: \_\_\_\_\_ Grade for year requested: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone of Father/Guardian: (\_\_\_\_) \_\_\_\_\_ Work Phone of Mother/Guardian: (\_\_\_\_) \_\_\_\_\_

Special Programs: *(check one or more, if applicable)*

English Language Learner (ELL)  IEP  Section 504 Plan  Not Applicable

Ethnicity *(mark all that apply)*:  Hispanic/Latino  American Indian or Alaskan Native  Asian  Pacific Islander

African American/Black  White  Filipino not Hispanic  Two or more races not Hispanic

School Now Attending: \_\_\_\_\_ School District: \_\_\_\_\_

**School of Residence in the DUSD:**  Andres Duarte  Beardslee  Maxwell  Royal Oaks  Valley View

Please Check School Requested (1<sup>st</sup> Option):

<input type="checkbox"/> <b>Andres Duarte</b> (TK – 8th)	<input type="checkbox"/> <b>Beardslee</b> (TK – 8th)	<input type="checkbox"/> <b>Maxwell</b> (K – 8th)	<input type="checkbox"/> <b>Royal Oaks</b> (K – 8th)	<input type="checkbox"/> <b>Valley View</b> (TK – 6th)
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Please Check School Requested (2<sup>nd</sup> Option):

<input type="checkbox"/> <b>Andres Duarte</b> (TK – 8th)	<input type="checkbox"/> <b>Beardslee</b> (TK – 8th)	<input type="checkbox"/> <b>Maxwell</b> (K – 8th)	<input type="checkbox"/> <b>Royal Oaks</b> (K – 8th)	<input type="checkbox"/> <b>Valley View</b> (TK – 6th)
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Please Check School Requested (3<sup>rd</sup> Option):

<input type="checkbox"/> <b>Andres Duarte</b> (TK – 8th)	<input type="checkbox"/> <b>Beardslee</b> (TK – 8th)	<input type="checkbox"/> <b>Maxwell</b> (K – 8th)	<input type="checkbox"/> <b>Royal Oaks</b> (K – 8th)	<input type="checkbox"/> <b>Valley View</b> (TK – 6th)
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REASON(S) FOR TRANSFER:

*(Please provide specific details/information to support your reason for requesting the transfer)*

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**Submission Deadlines:**

**Proceeding School Year: October 31<sup>st</sup> to February 28<sup>th</sup>**

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

**FOR DISTRICT USE ONLY**

Approved Terms: \_\_\_\_\_

Denied Reason: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: **Director of Student Services** Date: \_\_\_\_\_

*(Authorized Official, District of Residence)*