

INTRADISTRICT TRANSFER REQUEST FORM

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

Incomplete forms will be returned

		For school	l year:	Grad	de for year requested:
Name of Student:			Gender: Age: Date of Birth:		
Name of Parent/Guardian:			Cell Phone Number: ()		
Home Address:			Email:		
Work Phone of Fathe	er/Guardian: ()	Work Phor	ne of Mother/Guardian	n: ()
Special Programs: (cl ☐ 504 Plan ☐ Eng	· ·		igrant Family 🔲 F	ree and reduced Lunc	th □ None of the Above
				Alaskan Native	
School Now Attendir	ng:		Scl	hool District:	
School of Residence	in the DUSD:	Andres Duarte	☐ Beardslee ☐ M	axwell 🚨 Royal Oa	ks 🗖 Valley View
Please Check School	Requested (1st Option	on):			
☐ Andres Duarte	☐ Beardslee	☐ Maxwell	☐ Royal Oaks	☐ Valley View	٦
(K – 8th)	(TK – 8th)	(K – 8th)	(K – 8th)	(TK – 6th)	
Please Check School			, , ,		」
☐ Andres Duarte	☐ Beardslee	☐ Maxwell	☐ Royal Oaks	☐ Valley View	7
(K – 8th)	(TK – 8th)	(K – 8th)	(K – 8th)	(TK – 6th)	
Please Check School	Requested (3 rd Opti	on):			
☐ Andres Duarte	☐ Beardslee	☐ Maxwell	☐ Royal Oaks	☐ Valley View	7
(K – 8th)	(TK – 8th)	(K – 8th)	(K – 8th)	(TK – 6th)	
REASON(S) FOR TI		_			_
(Please provide specific detail	s/information to support you	r reason for requesting	the transfer)		
Submission Deadli Proceeding School Y		to February 28 ^{tl}	h		
	evement; there is insuffici- parent; or any other reason	ient space available tons exist as determine	to accommodate the stude ed by the Education Code	ent's enrollment; there is an	nd/or tardiness, unacceptable behavior, unwillingness to cooperate with school
Parent/Guardian Signature:					_ Date:
		FOR	DISTRICT USE O	NLY	
☐ Approved Te	erms:	·			
					ices Date:
	orized Official Distr			or or oraderit serv	Daic.