



**NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT**  
**SCHOOL TRANSFER FORM: 2019-2020 SCHOOL YEAR**

8142 Moss Landing Road, Moss Landing, CA 95039 (831) 633-3343 Ext. 1210 Fax (831) 633-5189

New  Renewal   
Date Received \_\_\_\_\_  
Completed by District Staff Only

**STEP 1:** Please make sure to reference the transfer guide.

**STEP 2:** Complete this form and attach all required documents. If this is considered a new transfer request to a new school, schedule a meeting with the principal of the home/ residence school and obtain a signature. (\*Step 3) Turn in the completed form to a NMCUSD school or the district office. All forms will be processed beginning March 2, 2019. Notice of approval/denial will be sent in writing beginning May 1, 2019.

Student Last Name: \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Grade Level in 2019/2020: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Students Current School Attending: \_\_\_\_\_ School Age Siblings? Yes \_\_\_ No \_\_\_

What School do Siblings Attend? \_\_\_\_\_

\*Requires Review by NMCUSD Special Services

Does the student have any Individual Educational Program (IEP) for Special Services? \*Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Date \_\_\_\_\_ Initial \_\_\_\_\_

Students Home/Residence within NMCUSD: \_\_\_\_\_

School Requested to Attend in 2019/2020: \_\_\_\_\_

If outside of NMCUSD, District Required: \_\_\_\_\_

**STEP 3:**

PRINCIPAL MEETING DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(for new transfers only)

**STEP 4: REASON FOR SCHOOL TRANSFER REQUEST:** Please indicate the reason for the request. Provide any required documentation and attach to this form. If this is a new transfer, you must meet with the principal of the home school and obtain a signature. Check the reason(s) that apply.

**Special Circumstances** (for medical/safety needs that require the student to attend school for a specific reason). Attach certification by a physician, psychologist, or other appropriate personnel.

**Change in Residence.** Moving into a new district/school of residence and want student to remain where they currently are.

**High School Only- 11<sup>th</sup>/12<sup>th</sup> grader.** Student to attend current high school to avoid any issues related to graduation.

**Educational Program** is offered at another school/district that is not comparable.

**Other:** Included but not limited to, the Open Enrollment Act, Allen Bill, Child Care/Employment (Child care is for children under 12 years of age) Attach verification of employment hours and location. Attach documentation from child care provider location and hours.

Describe any additional information related to the reason(s) for the request (must be relevant to the criteria above)

My signature on this school transfer application request indicates that I have read the School Transfer Guide and the following statement. "Children will not be enrolled into the requested school until both districts approve the "Inter-district transfer agreement" and is conditional upon space available at the requested school. Inter-district agreement may be cancelled or not renewed due to overcrowded classroom conditions, unsatisfactory attendance, academic/behavior concerns in which the school program provided is no longer appropriate. Eligibility for athletics may be invalidated due to this transfer. Parents/guardians must resubmit a School Transfer Request each year for re-approval of Inter-district agreement. Incorrect information may cause this agreement to be revoked. Parents/guardians are responsible for transportation"

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

**DISTRICT APPROVALS (For Office Use Only)**

North Monterey County Unified School District

**District of Attendance**

ACTION: Approved  Denied

ACTION: Approved  Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: SPECIAL EDUCATION NEEDS ARE IDENTIFIED, THE AGREEMENT WILL BE REVIEWED BETWEEN DISTRICTS TO DETERMINE APPROPRIATE PLACEMENT/SERVICES AND THE TRANSFER AGREEMENT MAY NOT BE APPROVED.