

**CLOVIS UNIFIED
SCHOOL DISTRICT**

STUDENTS

Admissions Residency and School Attendance

INTRA-DISTRICT TRANSFERS/OPEN ENROLLMENT

INTRA-DISTRICT TRANSFER APPLICATION

The Intra-District Transfer Application is set forth on the following pages.

Adopted: 12/12/2007

Amended: 08/01/2008, 09/08/2010, 11/16/2011, 02/23/2012, 03/30/2012, 01/14/2014, 08/15/2024 (EXH
2209(1) renumbered as AR 5116.1(1))

Doc# 78929-6 (08/2024, None)



Student Services and School Attendance
 1465 David E. Cook Way, Clovis, CA 93611-0574
 Phone: 559-327-9200 Fax: 559-327-9222 Email: sssa@cusd.com

DIGMAC # _____

EXHIBIT NO. 5116.1(1)

INTRA - DISTRICT TRANSFER APPLICATION

(Applications may be made during the school year for the remainder of that school year)

Mailing label goes here.
 Please do not write in this area.

Completed applications must be returned to Student Services and School Attendance (SSSA) or any comprehensive school.

This transfer request is: New Extended

PLEASE PRINT: Today's Date _____

Requested School Year: _____

Student's Full Legal Name: _____

Male Female Other Date of Birth: _____ CUSD Student ID#: _____

Grade Requesting: _____ Current School of Attendance: _____

Requesting transfer from (school of residence) _____ to (requested school) _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

SPECIAL EDUCATION: If applicable, please check the following services your child receives.

- Resource Specialist (RSP) Speech/Language Hearing Impaired Special Day Class (SDC) Visually Impaired 504 Plan
 Other (please describe): _____

REASON FOR REQUEST: Select ONE option only. Verification is required and must be attached.

- Parent Employment Childcare (TK-8) Medical Change of Legal Address (can only be used ONE time)
 Other (please explain): _____

SIBLING INFORMATION: Fill out the following information for all siblings living at the same address more than 50% of the time:

| Last Name | First Name | DOB | Grade | Current School | Transfer Requested (Y/N) | Transfer Approved (Y/N) |
|-----------|------------|-----|-------|----------------|--------------------------|-------------------------|
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PARENT CERTIFICATION: I have read and understand all the transfer stipulations mentioned above and verify that all the information provided is correct. I understand that if the information proves to be incorrect through error, omission or misstatement, my transfer application may be denied or revoked.

Signature of Parent/Guardian: _____ Date: _____

FOR DISTRICT USE ONLY:

| | | | | | | | | | | | | | |
|--|---|---------------------|--------------------------------------|-----------------------|------------|-----------------------|---|----------------|---|--------------------|-------------------------------|-----------|--|
| <p><input type="checkbox"/> DENIED DATE: _____</p> <p><input type="checkbox"/> Attendance history indicates student has missed 10% or more of the school year, has been involved in the SARB process, and/or has excessive tardies.</p> <p><input type="checkbox"/> Behavior history indicates student has had habitual referrals, multiple suspensions, and/or has been referred to SSSA for disciplinary action.</p> <p><input type="checkbox"/> Grades indicate that student is struggling with below a 2.0 grade point average and/or has failing grades.</p> <p><input type="checkbox"/> There is a documented safety concern.</p> <p><input type="checkbox"/> The reason for the transfer request is not a Board-approved reason.</p> <p><input type="checkbox"/> Intra-district transfers cannot be renewed. An open enrollment transfer was required to continue enrollment.</p> <p style="text-align: center; font-size: small;">APPEAL PROCESS- PAGE 2</p> | <p>APPROVED: Your transfer has been approved for reason: _____</p> <table style="width: 100%; font-size: small;"> <tr> <td>CC Childcare (TK-8)</td> <td>PW Parent employed within boundaries</td> </tr> <tr> <td>CU Curricular reasons</td> <td>SR Renewed</td> </tr> <tr> <td>IN Intent to relocate</td> <td>ME Medical or disciplinary safety concern</td> </tr> <tr> <td>OT Justifiable</td> <td>FA Sibling Rule per Board Policy No. 5116</td> </tr> <tr> <td>PE CUSD employment</td> <td>HL McKinney-Vento Federal Law</td> </tr> <tr> <td>GR Senior</td> <td></td> </tr> </table> <p>Effective Date: _____ Approval Date: _____ Expiration Date: _____</p> <p>WAITLISTED DATE: _____</p> <p><input type="checkbox"/> There is no transfer space available at the school site and/or grade level.</p> <p><input type="checkbox"/> There is no room in a specialized program and/or resources are impacted.</p> <p style="font-size: x-small;">*Your child will be placed on a randomized waiting list should space becomes available. Space will be monitored regularly <i>during the requested school year</i> and you will be notified if space becomes available.</p> | CC Childcare (TK-8) | PW Parent employed within boundaries | CU Curricular reasons | SR Renewed | IN Intent to relocate | ME Medical or disciplinary safety concern | OT Justifiable | FA Sibling Rule per Board Policy No. 5116 | PE CUSD employment | HL McKinney-Vento Federal Law | GR Senior | |
| CC Childcare (TK-8) | PW Parent employed within boundaries | | | | | | | | | | | | |
| CU Curricular reasons | SR Renewed | | | | | | | | | | | | |
| IN Intent to relocate | ME Medical or disciplinary safety concern | | | | | | | | | | | | |
| OT Justifiable | FA Sibling Rule per Board Policy No. 5116 | | | | | | | | | | | | |
| PE CUSD employment | HL McKinney-Vento Federal Law | | | | | | | | | | | | |
| GR Senior | | | | | | | | | | | | | |



EXHIBIT NO. 5116.1(1)

CONDITIONS OF INTRADISTRICT TRANSFER - PLEASE READ

Parent/Guardian Initials Required:

_____ Should transfer applications to attend a particular school exceed the capacity of that school, selection of students to enroll will be made through a random, unbiased process that prohibits an evaluation of whether any student should be enrolled based upon his or her academic or athletic performance. Students requiring special programs or classes will only be admitted to those schools offering such programs or classes on the basis of space availability. All students, including transfer students, are subject to capping and busing.

_____ Pursuant to Education Code 46600(d)(2), transfer requests based on bullying, must have been reported by the parent to the school, district personnel, or a local law enforcement agency and an investigation must have determined that the student was a victim of bullying by a student enrolled in the school of residence.

_____ In the case of school attendance boundary changes, approved transfers may be revoked and require reapplication.

_____ Parents/guardians will be responsible for providing daily transportation to and from the school of choice.

_____ Intradistrict transfers are valid for up to one school year. Intradistrict transfers are no longer valid if any of the following conditions occur: (1) student moves out of the high school area they lived in when they were approved; (2) student dis-enrolls from the approved school or district; (3) student is transferred to another school due to disciplinary reasons; (3) student requires a specialized program that is not offered or available at the receiving school; (4) student no longer requires a special education program; (5) the parent applies for another intra-district transfer and it is approved by the Superintendent or designee; or (6) the specialized program that the student is enrolled in at the receiving school is moved to another school.

_____ Open Enrollment Transfer Applications under Board Policy and Administrative Regulation No. 5116.1 must be submitted between the first day of school and November 1 of the school year prior to the year of desired attendance and will remain in effect through Grade 12, absent other circumstances described in Board Policy and Administrative Regulation No. 5116.1.

_____ Intradistrict Transfer Applications under Board Policy and Administrative Regulation No. 5116.1 may be made any time and are valid for the remainder of that school year, absent other circumstances described in Board Policy and Administrative Regulation No. 5116.1. If a student wishes to continue attending the transfer school after that year, he/she must submit an Open Enrollment Transfer Application under Board Policy and Administrative Regulation No. 5116.1.

_____ Any transfer may be revoked at the District’s discretion. If the transfer is revoked, the student may return to his or her school of residence provided there is space available to justify the student’s return. If there is not sufficient capacity, the student will be subject to an administrative transfer to another school at the District’s discretion. **Once a transfer is accepted, the student may not return to his or her school of residence without applying for an additional transfer.**

_____ Athletic eligibility of students entering grades 7-12 who have accepted a transfer will be determined in accordance with Board Policy and Administrative Regulation No. 6145 – Co-Curricular and Extra-Curricular Activities. Authorization or approval by the District of an intradistrict transfer of students entering grades 7-12 does not result in the student obtaining eligibility for District interscholastic athletics. Please refer to Board Policy and Administrative Regulation No. 6145 regarding the limits to and requirements for obtaining athletic eligibility upon the granting of an intradistrict transfer. Athletes awaiting appeal decisions cannot participate in any athletic activity unless the parent/guardian has signed the “To Practice Release” form. If the athlete is deemed ineligible, the athlete is to stop practice and turn in his/her athletic gear.

If this transfer application is approved, student plans to file for an appeal for athletic eligibility (GRADES 7-12 ONLY): Yes No

FOR 7-12 BOUNDARY CHANGE SITUATIONS ONLY: My child’s transfer request is a result of a secondary school attendance boundary change, which has caused different secondary school attendance boundaries for each of my children. As a result, I am requesting that my **youngest** child be moved to a school in the same school attendance boundary as my older child and that athletic eligibility be granted as defined in Board Policy and Administrative Regulation No. 6145. Yes No

Older Sibling’s Name: _____ Current Grade: _____ Current School: _____

PARENT INFORMATION – ACCEPTANCE PROCESS

- This approved application and all enrollment documents must be presented to the approved school within 10 school days of the effective date listed above or the approval will be rescinded.
- All of the above mentioned conditions will apply once the transfer is accepted.
- TO CONTINUE ENROLLMENT AT THE APPROVED SCHOOL FOR THE FOLLOWING SCHOOL YEAR, AN OPEN ENROLLMENT TRANSFER IS REQUIRED AS OUTLINED IN BOARD POLICY NO. 5116.1.

PARENT INFORMATION – APPEAL PROCESS

You may appeal this decision within 10 days from the date of denial stated above by submitting your appeal in writing to the Student Services and School Attendance Transfer Appeals Board. Appeals may be mailed, emailed, faxed, or dropped off to the address provided on page 1 of this Exhibit. You will be notified in writing of the results of your appeal.