

Los Gatos-Saratoga Union High School District

17421 Farley Road West, Los Gatos, CA 95030
Student Services Division (408) 354-2520 ext. 232

Intra District Transfer Application 2020-2021

Student Name: _____

Address: _____ City: _____ Zip: _____

Birth date: _____ Gender: _____ 2020-2021 Grade: _____

Current School: _____ Requesting School: _____

Parent/Guardian Name: _____

Home Phone: _____ Other Phone: _____

Is student is currently receiving and/or has received Special Education Services? _____ 504 Plan? _____

An INTRA District Transfer agreement will be in effect and will continue from the time of its approval through the student's graduation from approved high school. The INTRA District Transfer agreement is valid while the information on the application and the following conditions are maintained:

- ____ (Initial) (1) The student provides his/her own transportation.
- ____ (Initial) (2) The student maintains a 2.0 or higher grade point average.
- ____ (Initial) (3) The parent/guardian and the student shall cooperate with any special conditions imposed by the District and shall cooperate with the personnel of the requested school.
- ____ (Initial) (4) False information used as a base for securing a transfer shall immediately invalidate an approved transfer agreement.
- ____ (Initial) (5) a request to attend a District school other than the school of residence may be denied based upon documented misconduct of the student at another District school.

I, _____, acknowledge acceptance of the above

(Please print name)

conditions and verify that the information on this application is true and correct.

Parent/Guardian Signature

Date

For District Use

Approved Denied Notification Letter Sent by D.O. Comments: _____

Current School Principal Approval: _____

Requesting School Principal Approval: _____

Signature of Authorized D.O. Administrator: _____ Date _____