



East Nicolaus Joint Union High School District

2454 Nicolaus Avenue, Nicolaus, CA 95659 | Phone (530) 656-2255 | Fax (530) 656-1065

APPLICATION FOR INTERDISTRICT TRANSFER

SCHOOL YEAR 20__ - 20__

☐ New Application

☐ Renewal

Student's Name: _____ ☐ M ☐ F Birthdate: _____ Current Grade: _____

Parent/Guardian's Name: _____ Home Phone: _____ Work Phone: _____

Address (Street, City, State, Zip): _____

Parent/Guardian's Email Address: _____

Last School Attended: _____ District: _____

School of Residence: _____ District: _____

Requested School: _____ District: _____

What is/are the reason(s) for the request? (Check all that apply. Applicant must attach written documentation to justify the reason for the transfer request.) ☐ Specialized Program _____ ☐ Parent Employment ☐ Sibling
☐ Health & Safety ☐ Proposed Change in Residence ☐ Continuing Enrollment ☐ SARB/Probation/CPS
☐ Complete Final Year(s) at Current School ☐ Other _____

Is the student currently pending disciplinary action or under an expulsion order? ☐ YES ☐ NO

Is student a foster youth? ☐ YES ☐ NO

What special service has the student received? (Check all that apply and attach proof of enrollment in the special program.) ☐ Section 504 ☐ Special Education ☐ English Language

If the student is receiving Special Education services, what services are they receiving? (Please attach IEP)

☐ Special Day (SDC) ☐ Resource (RSP) ☐ Non-Public School (NPS) ☐ Pending Assessment Services ☐ Designated Instructional Services

Any Inter-District transfer attendance agreement is conditional upon the student following school rules, and maintaining good attendance, academic progress and /or behavior. I understand that all transfers are subject to revocation due to attendance, academic progress and or behavior. NOTE: PARTICIPATION IN SPORTS – If the pupil participates in any athletic program governed by the California Interscholastic Foundation (CIF), he/she may not be eligible to participate at the new school. Parent/guardian should check the CIF rules before submitting an application. BY MY SIGNATURE BELOW, I certify that to the best of my knowledge the information provided on the application is true and correct.

Parent/Guardian Signature _____ Date _____

INTERDISTRICT ATTENDANCE PERMIT FOR SCHOOL YEAR(S) 20__ -20__

RESIDENT SCHOOL DISTRICT: GRANTED ☐ DENIED ☐

REQUESTED SCHOOL DISTRICT: GRANTED ☐ DENIED ☐

Reason(s) for denial: _____

Reason(s) for denial: _____

Authorized Signature (Resident School District) _____ Date _____

Authorized Signature (Resident School District) _____ Date _____

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Authorized Signature (Resident School District) _____ Date _____





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ENJUHSD New Enrollment and Transfer Acknowledgement and Consent Forms

(Please Print)

STUDENT NAME: _____ DOB: _____ GR: _____

PARENT/GUARDIAN NAME: _____ DATE: _____

READ EACH ITEM BELOW AND INITIAL

1. I/we reside at the address listed on the request. As defined in the CIF Constitution and Bylaws, "reside", is defined as the student and family, with all of their personal items, live full time at the address provided. For students of divorced or separated parents, the student must reside at least 50% of the time at the address provided. The district may request a copy of divorce decree or legal order indicating the physical custody status of the students as verification.
2. I/we understand that we are required to submit proof of residence and a new transfer request if there is a change of residence address.
3. I/we understand that transportation shall not be provided for students living outside of the residence living area.
4. I/we understand that all transfers are subject to revocation due to attendance, academic progress and/or behavior.
5. I/we understand that any false or misleading information provided to support a transfer request will be grounds to deny, revoke or not renew.
6. I/we understand that all transfers shall be granted for the entire duration of the student's high school career by the ENJUHSD, unless another district requires resubmission or other arrangements are made.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

