

## EL DORADO UNION HIGH SCHOOL DISTRICT

# Less Impacted School Transfer Request

Incoming 9th grade students for the 2026/27 school year may submit a *Less Impacted School Transfer Request* in accordance with El Dorado Union High School District's Administrative Regulation 5116.2 for transfers:

From Oak Ridge High School to: Ponderosa, El Dorado or Union Mine High Schools

The *Less Impacted School Transfer Request* form is available at the El Dorado Union High School District Office and online at the [EDUHSD website](#). Submit to the District Office, attention Student Services and Innovation Department, 4675 Missouri Flat Road, Placerville, CA 95667. Requests may also be submitted electronically to [rlbryant@eduhd.net](mailto:rlbryant@eduhd.net). For questions, please call (530) 622-5081 ext. 7229.

*Less Impacted School Transfer Request* are accepted between January and February of 2026, for the 2026/27 school year.

Name of student (1) entering high school in 2026/27:	Current Grade:	Date of Birth:	Current School:
Name of student (2) entering high school in 2026/27:	Current Grade:	Date of Birth:	Current School:
Address of residence:	High School of Residence: Oak Ridge HS <input type="checkbox"/>		
High School requested: El Dorado HS <input type="checkbox"/> Ponderosa HS <input type="checkbox"/> Union Mine HS <input type="checkbox"/>			
Home Phone:	Cell Phone:	Email:	
IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No 504: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Note: Parents will be responsible for providing transportation to and from the school requested, should a Less Impacted School Transfer be granted.**

Parent Name (Print):	Parent Signature:	Date:
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DO NOT WRITE BELOW THIS SPACE – FOR SCHOOL AND DISTRICT OFFICE USE ONLY	
Authorized Signature  <b>X</b> _____ Chuck Palmer Senior Director of Student Services and Innovation	Approved <input type="checkbox"/> Denied <input type="checkbox"/>  Date: _____

# El Dorado Union High School District Transfer Acknowledgment and Consent Form

Our signatures below acknowledge that I / we have read and agree to the **Board Policies and Administrative Regulations regarding Interdistrict / Intradistrict Attendance / Transfers** (*AR 5116, AR/BP 5116.1, AR/BP 5116.2, AR/BP 5117*). Furthermore, I/we understand all Athletic rules, including those pertaining to eligibility, if applicable. I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign heir, trustee, or guardian to the terms of this Agreement.

## ALL FIELDS MUST BE COMPLETED

(PLEASE PRINT)

STUDENT NAME:	DATE OF BIRTH:	GRADE:
PARENT/GUARDIAN NAME:	DATE:	

## (READ EACH ITEM BELOW AND INITIAL)

I UNDERSTAND AND ACKNOWLEDGE THAT:	PARENT / GUARDIAN	STUDENT
1. I/we understand that only one (1) transfer shall be granted per school year. The student must attend for the duration.		
2. I/we reside at the address listed on the request. As defined in 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 a divorce decree or legal order indicating the physical custody status of the student as verification.		
3. 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.		
4. I/we understand that transportation shall not be provided for students living outside of the residence attendance area.		
5. I/we understand that all transfers are subject to revocation due to attendance, academic progress and/or behavior.		
6. I/we understand that any false or misleading information provided to support a transfer request will be grounds to deny, revoke or not renew.		
7. I/we understand that all transfers shall be granted for the entire duration of the student's high school career by EDUHSD, unless another district requires resubmission or other arrangements are made.		

## Acknowledgment for Parents of Student Athletes (READ EACH ITEM BELOW AND INITIAL)

I UNDERSTAND AND ACKNOWLEDGE THAT:	PARENT / GUARDIAN	STUDENT
1. I understand that transferring to another school site may affect my student's ability to participate in CIF sanctioned athletics at the new school. I recognize and acknowledge possible CIF sanctions that may include, but are not limited to: Sit out periods, which could result in my student missing ½ of their season of sport or more at the new school. I also understand that the El Dorado Union High School District has no say in CIF decisions and there is no recourse or appeal to the district.		
2. I understand that CIF may impose sanctions of up to a two-year sit out period for athletes whose parents provide false or misleading information regarding residency or to gain transfer to another school.		
3. I/we understand CIF rules apply regarding athletic eligibility. For more information, please visit <a href="http://www.cifsjs.org">www.cifsjs.org</a> . Parents of transferring student athletes should meet with the Athletic Director of the requested school site prior to submitting the transfer request so you are fully aware of possible ramifications of the transfer, including possible CIF imposed sit out periods or loss of eligibility. By initialing, you acknowledge that you have either met / spoke with the Athletic Director or are aware of this recommendation but have conscientiously elected not to, against EDUHSD recommendation.		

STUDENT SIGNATURE: <b>X</b>	DATE:
PARENT/GUARDIAN SIGNATURE: <b>X</b>	DATE: