

**GEORGE S. SZIRAKI, JR. Ed.D.**

SUPERINTENDENT

**MR. PETER EFSTATHIU**  
ASSISTANT SUPERINTENDENT  
ADMINISTRATIVE SERVICES

**MR. JEFFREY TOOKER**  
DEPUTY SUPERINTENDENT  
EDUCATIONAL SERVICES

**MR. ERIC VEREYKEN**  
ASSISTANT SUPERINTENDENT  
OF HUMAN RESOURCES



13000 NEW AIRPORT ROAD, AUBURN, CA 95603  
530-886-4400 FAX: 530-886-4439  
[www.puhsd.k12.ca.us](http://www.puhsd.k12.ca.us)

**Intra-District Transfer Request**

**Based on Hardship under Board Policy 5116.1**

**2018-2019**

**BOARD OF TRUSTEES**

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AREA 5/DEL ORO

**ATTENTION: The Parent Statement portion of this form must be filled out for the request to be considered. The process begins at the school of residency as determined by boundary.**

**Parent/Guardian: (please print)**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

School of Residence \_\_\_\_\_ School Requested \_\_\_\_\_ School Currently Attending \_\_\_\_\_

Parent/s Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Does your student have an IEP or 504 Plan? YES  NO

If so, please attach a copy to this application.

**HARDSHIP REQUEST**

**Intra-district transfers are approved for hardship only. A hardship is defined as an unforeseeable, unavoidable, and uncorrectable act, condition, or event, outside of the student's or family's control, which causes the imposition of a severe burden, unrelated to any curricular or co-curricular activity in which the student wishes to participate.**

**All Transfers:** The District provides bus transportation only for students who reside beyond designated walking distances, within Board established school attendance areas. The parent/guardian will be responsible for providing daily transportation to and from the school of attendance. When space is available on Board established routes, the student may ride the school bus pursuant to established policies. All transfers are valid through the 12th grade. **I understand this transfer may be revoked at the conclusion of any semester if my child does not maintain satisfactory grades, attendance, and behavior. Future requests for siblings to attend the requested school will not be automatically approved.**

**(Home Site Administration Use)**

**I have spoken with the parent/guardian of the above named student and the requested school site administrator regarding this transfer request.**

Requested Site \_\_\_\_\_ Date of Parent Conference \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For 10th -12th grades only:**

# Absences	Truancy	# F's	GPA	Credits	Att/Comp	Discipline	Major Discipline	Date Reviewed

**Approved, criteria verified**

**Denied, does not meet criteria**

**PUHSD Superintendent Signature** \_\_\_\_\_

