

Acalanes Union High School District  
**INTRA-DISTRICT TRANSFER REQUEST**

All Grades  
BP / AR 5116.1

1212 Pleasant Hill Road, Lafayette, CA 94549 • 925-280-3900 • Fax 925-932-2336

*This form to be used Dec. 17 – Nov 1.*

**NOTICE OF ATHLETIC TRANSFER RULES**  
**TRANSFERRING SCHOOLS MAY AFFECT YOUR ATHLETIC ELIGIBILITY**

Transferring from one school to another school may affect a student's athletic eligibility under NCS or CIF rules. It is your responsibility to see the school principal for a copy of the eligibility rules. Students who transfer as a result of disciplinary action or are subject to the conditions of Bylaw 210 and may be ineligible for one calendar year from enrollment in your new school. Go to [WWW.cifncs.org](http://WWW.cifncs.org) for further information. Click on "Eligibility Bylaw Forms," then click on "Parent Handbook I – Transfer Eligibility."

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Last)

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade Applying: \_\_\_\_\_

\* **Special Education:**  Yes  No  **ISP** Instructional Support  **SSC** Service Specified Class  **504**

HIGH SCHOOL OF RESIDENCE: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

HIGH SCHOOL YOU WISH TO ATTEND:  Acalanes  Campolindo  Miramonte  
Choose ONE only

Please explain the reason for the request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Students whose applications are approved relinquish their right to attend their attendance area high school until the following school year.***

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT**

**DISTRICT USE ONLY**

Special Education students must be approved by the Special Education Department before transfer can be approved.

**APPROVED**  **DENIED** \_\_\_\_\_  
AUHSD Authorization Date

**APPROVED**  **DENIED** \_\_\_\_\_  
Director of Special Services Date