



426 North Blackstone Street  
Tulare, California 93274  
(559) 688-2021

## Inter-District Application

Date of Request: \_\_\_\_\_

Request for: 20\_\_\_\_ / 20\_\_\_\_ School Year

☐ New Request / ☐ Renewal Request – Continue (Check One)

Student Name: \_\_\_\_\_

Grade Student will be in During School Year Requested: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Requesting Transfer From: \_\_\_\_\_ School District

(District of Residence) To: \_\_\_\_\_ School District

Why are you requesting to transfer your out of your District of Residence?

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date