

Sibling	
Student DOB	
IEP/Services	
504	
Read / Math	
180	
English Learner	
Medical Need	
Initials	

REQUEST FOR CHANGE OF SCHOOL PLACEMENT CONTINUING STUDENT

Date/Time Stamp

This form is to be completed if you wish for a child currently enrolled in an elementary school in the Ripon Unified School District to be added to (or remain on) the Transfer Request List. Complete the form below for all children you would like to transfer to another school for the 2025-2026 school year. Include only those children you want transferred.

	Student	Student	Present Grade 2024-2025	Present School 2024-2025	Preferred School 2025-2026
	Last Name	First Name	school year	school year	school year
		Sibling(s)	Name(s)/school site:		
If mo	re than one child is list	ed, please check <u>one</u> of	f the following:		
	transfer my chil	dren only if they can	be transferred at tl	ne same time	
		dren one at a time	~ · · · · · · · · · · · · · · · · · · ·		
	transfer my cmi	uren one at a time			
Pleas	e read this important	information:			
Studa	nts are placed on a wai	ting list for their schoo	l of choice based on		ne completed transfer request
receiv	ed at the school site. I		that become availa		l through September 30 th .
receiv Begin You r oppor	ed at the school site. I ning October 1st, stude hay remove your stude tunity becomes availab	ntradistrict transfers ents will remain at their ent from the transfer list	that become availathen home site throughout at any time prior to the district will contains	ut the existing school the requested school	l through September 30 th .
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Work Telephone Cell Number

Home Telephone