Windsor Unified School District

Interdistrict Transfer Request Out

School of Residence Visitation

As part of your inter-district transfer application, please visit your school of residence, fill out this form, and have it signed by the principal of your school of residence.

Name of Student_____ Grade for _____ school year _____
write in school year

Name of Parent(s)/Guardians_____

District of Residence_____ District of Choice _____

School of Residence_____School of Choice_____

Date of School of Residence Visitation _____

In the space provided below, please explain why you are requesting to transfer out of the Windsor Unified School District. Please indicate programs that will be available at your school of choice that are not offered at your school of residence.

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_____

Signature of Principal at School of Residence

_____

(please print name) Date

_____

Signature of Applicant

_____

(please print name) Date

_____

Residence Address

_____

Phone Number

Updated 11/30/2020