Twin Rivers Unified School District

INTERDISTRICT TRANSFER

SCHOOL VISIT FAX FORM

Parents: *Please call your home school and schedule a time to meet with the principal or designee about your Interdistrict Transfer request. We are releasing students from our district on a very limited basis. The decision to approve or deny a request is made by the district office, not the person you are meeting with at the site. Discuss any programs you are looking for with the school staff to see if we can accommodate your needs.*

Principal or designee: *You are asked to meet with the parent/student and share the academic, child care and extracurricular activities available at your school. Since few Interdistrict Transfer requests are being granted, this meeting is an opportunity to promote the programs available at your school. Note the content of your visit on the form below and fax it to Family and Community Involvement at 566-3586.*

Student Name(s):_____

_____

_____

Parent's Name:_____

Home School:_____

School Phone #:_____

Grade(s): _____ School Year: 2009-2010

School visited:_____ Date:_____

Outcome:

Why is the parent/student requesting the transfer?

If that program was at your site or another TRUSD site, would the parent stay?

Yes ☐ No ☐

Comments:

_____ _____

Principal or designee's signature Date

School Staff: After completing this form, please fax to 566-3586. *(Do not send with parent)*