

**LARKSPUR-CORTE MADERA SCHOOL DISTRICT**  
**INTRADISTRICT SCHOOL TRANSFER REQUEST TO ATTEND**  
**THE COVE SCHOOL / NEIL CUMMINS**

**Student Information - Please type, or print clearly in pen. Please complete a form for each child requesting transfer.**

School Preference \_\_\_\_\_

For School Year 20 \_\_\_\_ /20\_\_\_\_

Student Name (Last, First, Middle)

Date of Birth

Gender

Home Address

Apt No.

City

Parent/Guardian Name

E-Mail

Preferred Phone Number

Secondary Phone Number

School Currently Attending

**Current Grade**

Reason for Request

List names and grades of any siblings currently attending the Larkspur-Corte Madera School District:

Name

Grade

Name

Grade

**Program Participation**

Language your child most frequently uses at home

Does your child participate in:  Special Ed  504 Accommodations

**Parent/Guardian Signature**

By signing this form, I understand and agree that: All information is correct and accurate on this application; requests will be considered along with other applications according to District Policy; Revocation of an approved intradistrict transfer may occur due to unsatisfactory attendance, and/or excessive tardiness that is unresponsive to correction; Parent is responsible for transportation.

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Student  Date

**Print Form, Sign, Mail, Deliver, or Scan and E-Mail**

You may only submit this form if you have completed an enrollment packet for your child/ren, or if you child/ren is/are currently enrolled in the District. The completed form may be dropped off at the District Office (230 Doherty Drive, Larkspur, CA 94939), or scanned and emailed to [khooper@lcmsschools.org](mailto:khooper@lcmsschools.org). Questions, please call 415-927-6960 xr3200.

**Enrollment Office Completes this Section**

Space Availability:  Approved  Denied  Waiting List  NCP  West

Enrollment Office Administrator's Signature  Date