

Form 10s will be considered in the first lottery if turned in by 4:30 p.m. on 3/1/07

CHICO UNIFIED SCHOOL DISTRICT
1163 East Seventh Street
Chico, California 95928-5999
(530) 891-3000 ext. 137

2007-2008 SCHOOL OF CHOICE FORM 10 INTRA-DISTRICT TRANSFER APPLICATION - GRADES K-6

Permission to attend a school other than the school of residence must be on written request of the parent or guardian and must be considered prior to the student's enrollment. A request must also be made when a student moves out of a school's attendance area but wishes to remain in the school in which he/she is enrolled.

****PLEASE PRINT****

PARENT/GUARDIAN: _____] HOME PHONE: _____
STREET ADDRESS: _____] CELL PHONE: _____
CITY, STATE, ZIP: _____] DAY TELEPHONE: _____

<u>STUDENT(S)</u>	<u>DATE OF BIRTH</u>	<u>2007-08 GRADE</u>	<u>2006-07 SCHOOL OF ATTENDANCE</u>	<u>SCHOOL OF RESIDENCE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above students enrolled in: Resource Specialist Program Yes []
Special Day Class Yes []

If "Yes" indicate student's name: _____
CUSD # _____

Please indicate your school of choice

- | | | | |
|--------------------------------------|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> CHAPMAN | <input type="checkbox"/> FOREST RANCH | <input type="checkbox"/> MARIGOLD | <input type="checkbox"/> ROSEDALE |
| <input type="checkbox"/> CITRUS | <input type="checkbox"/> JOHN McMANUS | <input type="checkbox"/> NEAL DOW | <input type="checkbox"/> SHASTA |
| <input type="checkbox"/> COHASSET | <input type="checkbox"/> LITTLE CHICO CREEK | <input type="checkbox"/> PARKVIEW | <input type="checkbox"/> SIERRA VIEW |
| <input type="checkbox"/> EMMA WILSON | | | |

Reason for request:

- Legal/contractual
 Continue - moved out of residence school area
 Residence school projected to be overcrowded as determined by CUSD
 Sibling of student already in attendance - Name/grade of sibling (s): _____
 Other _____
 Medical Transportation Child care Return to school within residence boundary area

Should this request be granted, I agree to furnish any transportation needed for my child to and from school. I further understand that this permission, if granted, may be revoked at any time for reasons deemed sufficient by school authorities. **I understand that once my child's Form 10 has been approved, return to the school within the residence boundary will be possible only after a Form 10 application is made and space availability is determined, and district approval has been granted.**

I agree to the above conditions:

Parent/Guardian Signature: _____ Date: _____

FOR DISTRICT USE ONLY :	Approved []	Disapproved []
Date: _____	Signed: _____	
Comments: _____		