

CHICO UNIFIED SCHOOL DISTRICT

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

*Form 10s will be considered in the
 first lottery if turned in by
 4:30 p.m. on 3/1/08*

2008-2009 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>2008-09 GRADE</u>	<u>2007-08 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: _____		