

Form 10s will be considered  
in the lottery if turned in by  
4:00 p.m. on 1/13/2017

CHICO UNIFIED SCHOOL DISTRICT  
1163 East Seventh Street  
Chico, California 95928-5999  
(530) 891-3000 ext. 110

**2017-2018 SCHOOL OF CHOICE FORM 10 INTRA-DISTRICT TRANSFER APPLICATION - GRADES 6-8**

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. **We will contact you either by phone or mail once we can approve your request.**

**\*\*PLEASE PRINT NEATLY\*\***

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

<u>STUDENT NAME(S)</u>	<u>DATE OF BIRTH</u>	<u>2017-18 GRADE</u>	<u>LAST SCHOOL ATTENDED</u>	<u>SCHOOL OF RESIDENCE</u>	<u>CUSD Student ID (if known)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are any of the above students enrolled in: Resource Specialist Program Yes [ ] Special Day Class Yes [ ]  
GATE Yes [ ] English Language Learner Yes [ ]  
If "Yes" indicate student's name: \_\_\_\_\_

Please indicate your school of choice:

[ ] BIDWELL JR. HIGH SCHOOL [ ] CHICO JR. HIGH SCHOOL [ ] MARSH JR. HIGH SCHOOL

Reason for request:

[ ] Continue - moved out of residence school area [ ] Continue – Program changed as determined by CUSD  
[ ] Sibling of student already in attendance - Name: \_\_\_\_\_  
[ ] 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: _____		