

CHICO UNIFIED SCHOOL DISTRICT

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

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

**2017-2018 SCHOOL OF CHOICE FORM 10 INTRA-DISTRICT TRANSFER APPLICATION - GRADES 9-12**

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 [ ]

If "Yes" indicate student's name: \_\_\_\_\_

Please indicate your school of choice:

[ ] CHICO HIGH SCHOOL [ ] PLEASANT VALLEY HIGH SCHOOL

**I understand that high school students (Grades 9-12) transferring between schools may jeopardize their athletic eligibility.**

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 another 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: _____		