

Form 10s will be considered in the
 lottery if turned in by 4:00 p.m. on
 1/12/18

2018-2019 SCHOOL OF CHOICE FORM 10 INTRA-DISTRICT TRANSFER APPLICATION - GRADES K-5

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 by phone/mail once we can approve your request.**

****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>2018-19 GRADE</u>	<u>LAST SCHOOL ATTENDED</u>	<u>SCHOOL OF RESIDENCE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CUSD # _____

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:

- [] CHAPMAN [] JOHN McMANUS [] NEAL DOW [] SIERRA VIEW
- [] CITRUS [] LITTLE CHICO CREEK [] PARKVIEW
- [] EMMA WILSON [] MARIGOLD [] SHASTA

Reason for request:

- [] Continue - moved out of residence school area
 - [] Continue – Program changed 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: _____