

Form 10s will be considered
in the lottery if turned in by
4:00 p.m. on 1/12/2018

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

2018-2019 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>2018-19 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: _____		