

Student ID # _____

ESCONDIDO UNION SCHOOL DISTRICT
SCHOOL CHOICE-INTRADISTRICT TRANSFER

Date / Time Received _____

SECTION A: PARENT/GUARDIAN COMPLETES THIS SECTION
(USE INK ONLY!)

REQUESTED FOR SCHOOL YEAR 20__20__ Give GRADE LEVEL for year requested

PUPILS' NAME _____
LAST FIRST BIRTHDATE GRADE

PARENT/GUARDIAN NAME ADDRESS Apt. # CITY/ZIP ESCONDIDO, CA ZIP

TELEPHONE NUMBERS: HOME/CELL: MOTHER'S WORK: FATHER'S WORK:

SCHOOL OF RESIDENCE: SCHOOL CURRENTLY ATTENDING: SCHOOL OF CHOICE:

Are there any siblings currently attending your School of Choice? List them: GRADE GRADE

REASON FOR REQUEST: Check ONE: School Choice Bilingual Services (ongoing program enrollment required)

Placement for one school year or until the end of the school year ONLY for one of the following reasons: Senior Student School Employee Location: Administrative Change of Residence after January 1st ONLY McKinney Vento Homeless Act-School of Origin:

ETHNIC/RACIAL BACKGROUND: Student's Ethnicity: Student's Race:

ENROLLED IN FOLLOWING PROGRAM(S): GATE SBP/TWP *RSP(SAI)*SDC(SAI-SC) Jr./1st TITLE 1 OTHER

PLEASE READ AND NOTE THE FOLLOWING: I understand my request will be considered along with other applications. PARENT/GUARDIAN'S SIGNATURE DATE PARENT/GUARDIAN MUST FORWARD ALL COPIES OF THIS SCHOOL OF CHOICE APPLICATION TO THE SCHOOL OF CHOICE FOR PRINCIPAL'S SIGNATURE.

SECTION B: SCHOOL OF CHOICE COMPLETES THIS SECTION

Space availability: Able to accept Unable to accept Wait list PRINCIPAL'S SIGNATURE: DATE:

SECTION C: FOR DISTRICT USE ONLY

Request has been: APPROVED DISAPPROVED ON WAIT LIST Reason: Lack of space Other Student was placed number on the School Choice waiting list for grade. Director, Pupil Services DATE