

OPEN ENROLLMENT TRANSFER APPLICATION

Parents/Guardians: Completed applications should be submitted to one of the selected Schools of Choice between **May 1 and May 19, 2017**

Please **PRINT** in **INK** and fill out completely.

STUDENT PROFILE

First Name	MI	Last Name	Birthday M M / D D / Y Y	Sex M F	Student's Ethnicity (Check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		City	Zip		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
School student is now attending			Student's Grade Next School Year		
<input type="text"/>			<input type="text"/>		

SIBLING INFORMATION

Does the student listed in the Student Profile Section above have a sibling applying for the same school of choice during the application cycle? If yes, please fill out Sibling Information below.

Yes No If yes, please list school name:

First Name	MI	Last Name	Birthday M M / D D / Y Y	Sex M F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT PROFILE

Parent/Guardian's Last Name	MI	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
() Home Phone	() Work or Emergency Phone	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email Address
		<input type="text"/>

SCHOOL SELECTIONS

School of Choice (School to which student wants to transfer)

1.	<input type="text"/>	Cost Center Code	<input type="text"/>
2.	<input type="text"/>	Cost Center Code	<input type="text"/>
3.	<input type="text"/>	Cost Center Code	<input type="text"/>
4.	<input type="text"/>	Cost Center Code	<input type="text"/>
5.	<input type="text"/>	Cost Center Code	<input type="text"/>

NOTES:

- Under current California Interscholastic Federation (CIF) rules, participation in athletics may be restricted.
- Parents or guardians should plan to provide their own transportation for open enrollment transfer students.
- Matriculation as an open enrollment student to the next school level is not guaranteed.

Signature of Parent/Guardian	The processing of this application is dependent upon accurate and complete information	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Administrator (or designee) of school of choice.		Date
<input type="text"/>		<input type="text"/>
Signature acknowledges receipt of application only.		

FOR SCHOOL USE ONLY

Please xerox and keep a copy of this application on file. Return the original via school mail as soon as the application is received. Applications must be received no later than May 24th

School Management Services
c/o Asset Management Branch 23rd Floor