

**OAK GROVE SCHOOL
DISTRICT
6578 Santa Teresa Boulevard
San Jose, CA 95119**

Random #	_____
Wait-list	_____
Approved	_____

PROGRAM OPTION TRANSFER REQUEST APPLICATION

SCHOOL YEAR: _____

This form is for **Oak Grove residents** only. Parents who wish to send their child(ren) to a Program within Oak Grove need to fill out this application. This form is not a school registration form; it is used to request attendance at a Program site. School registration forms will need to be filled out at the student's home school of residence. Once it has been approved, the registration will be transferred to the new Program site. **Transportation is not provided for Program Option transfer students.**

Name of Student(s)	Date of birth	Grade next year	Current School	Program Option #1	Program Option #2
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent/Guardian _____	Home Phone () _____
Street _____	San Jose, CA ZIP _____
Father's work phone () _____	Mother's work phone () _____
Previous address (if recently moved) _____	
Home School (Elementary) _____	Home School (Intermediate) _____
Email ID _____	

Name of student(s) presently enrolled in:	<input type="checkbox"/> ELD (<u>Eng. Lang. Dev.</u>) _____
<input type="checkbox"/> Speech _____	<input type="checkbox"/> Bilingual Program _____
<input type="checkbox"/> Special Day Class _____	<input type="checkbox"/> Adapted P.E. _____
<input type="checkbox"/> Resource Specialist _____	<input type="checkbox"/> Gifted _____

Circle One: American Indian, Asian, Pacific Island, Filipino, Black, Hispanic, White (includes Middle East and Europe)

Circle One: Male Female | What is your child's primary language? _____

IMPORTANT: Please send this application to the District Office. In the event requests exceed the number of openings, the law requires assignments be made in a random, unbiased manner (lottery). Student applications not placed will be wait-listed and notified by phone, if space becomes available and their application is approved.

Signature of Parent or Guardian _____	Date _____
For District Office Use Only	
<input type="checkbox"/> Parent/Guardian Notified _____ Date	<input type="checkbox"/> Accepted _____ Date
<input type="checkbox"/> Declined _____ Date	<input type="checkbox"/> Denied _____ Date
<input type="checkbox"/> Canceled _____ Date	<input type="checkbox"/> Family Privilege _____ Date
<input type="checkbox"/> Administrative Placement _____ Date	Comments: _____

