

Students

Form – Unsafe School Choice Option

Unsafe School Choice Option Parent Response Form

Please complete the top half of this form and return to:

MUSD Unified School District
Superintendent
PO Box 1154
Mendocino, CA 95460

_____ I do not wish to consider a transfer for my Child at this time.
_____ I would like to consider a transfer for my child. Please contact me regarding my options.

Name of Parent/Guardian _____

Name of Student _____

Address _____

Daytime Phone # _____

I have read my rights concerning the transfer option for victims of violent crimes.

Signature of Parent/Guardian

Date

(For office use only)

Exercised Transfer Option YES NO

If Yes, Transferred from _____ to _____

Date: _____