Mendocino Unified School District
School District of Choice Transfer Application

For school year _____
For grade _____

Use a separate form for each child. Please type or print. See reverse for information about the School District of Choice program. **Application must be received by the School District of Choice prior to January 1 of the school year preceding the school year for which your child is requesting to be transferred*.**

Part A: Parent/Guardian completes this section and returns all copies to <u>school district of choice</u>.

Student's Name: _____ Date of Birth: _____

School District of Choice: _____ County: _____

School Requested (1st Priority): _____ (2nd Priority): _____

Specific Program or Service Requested (if any): _____

School District of Residence: _____ County: _____

School of Attendance or Last Attended: _____ Grade: _____

Name of Parent/Guardian: _____ Cell Phone: _____

Address: _____ Work Phone: _____

Email address: _____ Home Phone: _____

In order to determine if priority for enrollment should be given, please indicate all that apply:

❑ Student's sibling already attends a school in the district of choice
   Sibling(s) name:_____ Current grade/School:_____

❑ Student is eligible for free or reduced-price meals

❑ Student is child of military personnel

❑ Student's parent/guardian is employed by the school district of choice

Parent/Guardian has been relocated by the military within the last 90 days? ❑Yes ❑No If yes, attach copy of military orders

> *I declare, under penalty of perjury under the laws of California, that the information provided above is true and accurate and that I have read and understand the information about the School District of Choice program on the reverse side of this form. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation. I understand that I may be responsible for the transportation of my student. I further understand that the district may revoke my student's enrollment if he/she is recommended for expulsion.*
>
> _____ _____
>   *(signature of parent/guardian)*   *(date)*

* This timeline may be waived upon agreement between the district of choice and the district of residence. This timeline does not apply to a student whose parent/guardian is enlisted in the military and was relocated by the military within 90 days prior to submitting the application.

Part B: School district of choice completes and forwards to school district of residence<u>.</u>

Action of **District of Choice:**

❑ **Accepted**

❑ **Rejected**
   Reason for rejection: _____

_____

_____

_____ Date: _____
   (signature and title of authorized representative)

Part C: School district of residence completes and returns to school district of choice, if appropriate.

Action of **District of Residence:**

❑ **Rejected**
   Reason for rejection:
      ❑Negative impact on desegregation plan or racial and ethnic balance
      ❑Transfer exceeds limits specified in law. Specify:_____
      _____

_____ Date: _____
   (signature and title of authorized representative)

(6/18)