

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT  
1965 Birkmont Drive, Rancho Cordova, CA 95742

2023/2024 SECONDARY SCHOOL (6<sup>th</sup>- 12<sup>th</sup> GRADE) CHOICE REQUEST FORM

Form must be completed and returned to student's current resident school by **February 10, 2023**. Failure to complete form accurately and in full may result in **CHOICE** being denied. *Current school will send application to requested school. Note – Some schools may not have space availability for CHOICE due to grade level or program enrollment capacity.*

Office Use

Date Rec'd: \_\_\_\_\_

CHOICE application sent to requested school on /date: \_\_\_\_\_

By/Signature: \_\_\_\_\_

Student must be a FCUSD resident student in order to apply. Resident school is based upon student's legal residence and the district boundary area assigned school. If space is available, a student may **CHOICE** to a district middle/high school outside of the established assigned boundary area. **CHOICE** applicants must provide student transportation to and from school. Accepted **CHOICE** students commit to the **CHOICE** school for their remaining middle/high school years. **Note: CIF Bylaw 207 delineates transfer eligibility guidelines (www.CIFSJS.org)**

Notification of acceptance/denial will come from the requested choice school.

Please Print:

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle) (2023/2024)

Student's Resident Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Legal Guardian Mailing Address: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_  
Print Name / Relationship Print Name / Relationship

Contact Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Legal Guardian Email Address: \_\_\_\_\_

2023/2024 Resident School: \_\_\_\_\_ 2023/2024 School Requested: \_\_\_\_\_  
(Boundary area school) (CHOICE school requested)

Reason for **CHOICE** request: (List) Student's Current School (22/23): \_\_\_\_\_

Educational Option (explain): \_\_\_\_\_

Sibling at school/Sibling Name: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Check all programs in which your student participates: Speech  Special Ed  AP  504

If applicable, list programs mandated in student's IEP: \_\_\_\_\_

**AGREEMENT** - As a School **CHOICE** Applicant, I agree to provide transportation to and from school.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Boundary Area School Principal/Designee Signature of Release

\_\_\_\_\_  
Date

\*\*\*\*\*

Request Approved

Request Denied / Due to Grade Level, Program, or School Impacted

\_\_\_\_\_  
Principal/Designee Signature of Requested **CHOICE** School