



## PROGRAM OPTION TRANSFER REQUEST APPLICATION

OPEN ENROLLMENT: **JANUARY 8 THROUGH MARCH 8, 2024**

**This form is not a school registration form**; it is used to request attendance at a Program Option outside the student’s home school of residence. School registration forms need to be completed at the student’s home school of residence.

**Transportation will not be provided for Program Option Transfer students.**

Please note that our district program options have various protocols regarding commitment requirements. Due to the nature of program objectives, a commitment for the full duration/grade span of the program may be required. In some cases, students will not be permitted to apply for a new program option once placed, and the ONLY option in regards to transfers, once committed, will be to the child's home school of residence. If you are currently in a program option and are interested in submitting a new application for another program, please refer to your current site program's protocols for guidance.

Home School: \_\_\_\_\_ Requested School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_  Male  Female  Non-binary

Date of Birth: \_\_\_\_\_ Student Primary Language: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Year requested)

Parent/Guardian’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ San Jose, CA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Is the student receiving special services?  No  Yes  RSP  Speech  SDC  
(Check all that apply)

**Special Day Class students’ will be placed or transferred by a Program Specialist.**

Are you an OGSD employee?  No  Yes If yes, please indicate location: \_\_\_\_\_

Do you currently have a student attending a Program Option?  No  Yes

If yes, list the Name of Student: \_\_\_\_\_ Program Option: \_\_\_\_\_

Are you out of District?  No  Yes If yes, please attach approved Inter-district Transfer from your home District.

**Program Requested (Please number in order of priority for approval):**

\_\_\_\_\_ AdVENTURE STEM @ Herman (5-8)

\_\_\_\_\_ Indigo Program @ Frost (K-8)

\_\_\_\_\_ STEAM @ Stipe (TK-6)

\_\_\_\_\_ Virtual Learning Academy @ Anderson (K-8)

\_\_\_\_\_ Spanish Dual Language Program (Please number in order of priority)

\_\_\_\_\_ Christopher TWBI (TK-6) / Davis (7-8) \_\_\_\_\_ Del Roble TWBI(TK-6) / Davis (7-8) \_\_\_\_\_ Edenvale TWBI(K-6) / Davis (7-8)

**Important:** Please send this application to the requested program. 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 within the first two weeks of school.**

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

\_\_\_\_\_  
Date

<b>(FOR SCHOOL OFFICE USE ONLY)</b>			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> WAITLISTED	DATE: _____