



John F. Kennedy High School

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LOS ANGELES UNIFIED SCHOOL DISTRICT

Student Integration Services

STUDENT VOLUNTARY TRANSFER FORM

For Students Participating in Magnet Programs Only

The enrollment of my child _____ Grade: _____

Student Name

Address: _____

Street

City

Zip Code

Telephone: _____

who was in attendance at (choose the magnet program your child is exiting):

- Kennedy Architecture/Digital Design/Filmmaking Magnet
- Kennendy Gifted Medical Magnet
- Kennedy Global Leadership and Environmental Action Magnet

has been terminated effective: _____.

Date

My child is/will be (choose one and provide the name of your child's new school):

1. Accepted at another magnet program: _____
Name of Magnet Program

2. Attending his/her School of Residence: _____
Name of School

3. Attending another school: _____
School Name and Location (City, State)

I understand that in order for my child to return to a Magnet program, I must submit a new Choices application. Re-applying does not guarantee student enrollment or placement. District Magnet selection procedures must be followed.

Signature: _____ Date: _____
Parent or Guardian

Received by: _____ Date: _____
Designated School Administrator

CC: New School of Attendance

This form is to be kept on file in the Magnet Office for five years.