

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

2024/2025 SECONDARY SCHOOL (6th - 12th GRADE) CHOICE REQUEST FORM

Form must be completed and returned to student's current resident school by February 2, 2024. 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) (2024/2025)

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: _____

2024/2025 Resident School: _____ 2024/2025 School Requested: _____
(Boundary area school) (CHOICE school requested)

Reason for **CHOICE** request: (List) Student's Current School (23/24): _____

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