



PROGRAM OPTION TRANSFER REQUEST APPLICATION

OPEN ENROLLMENT: **JANUARY 13 THROUGH MARCH 14, 2025**

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)

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

(FOR SCHOOL OFFICE USE ONLY)

APPROVED DENIED WAITLISTED _____ DATE: _____