

CENTRAL UNIFIED SCHOOL DISTRICT
Open Enrollment APPLICATION

Student's Last Name _____ First Name _____
Date of Birth ____/____/____ Male Female Grade Level (next school year) _____
School of Residence _____
Current School of Attendance _____
Request Transfer to School(s) of Choice 1) _____ 2) _____ 3) _____

Reason for Request

Explain: _____

Parent/guardian (please print)

Name _____ Home Phone _____
Address _____ Business Phone _____
City, State, Zip _____

Signature,
Parent/Guardian _____ Date _____

Transfers maybe granted provided there is space available at the school of choice and racial and ethnic balance is maintained at the school of residence and the school of choice.

As the Parent/Guardian of this student, I understand that if this application is approved:

1. I accept responsibility for the daily transportation of my child (ren) to and from the school of choice.
2. Open Enrollment transfer is applicable only through the end of the highest grade available at the school of choice.
3. Acceptable attendance, academic progress and behavior standards must be met or transfer may be revoked.
4. The transfer will be VOID if my child (ren) leaves Central Unified School District to attend school in another district and subsequently returns.
5. On Open Enrollment, a lottery will be conducted, if applications exceed the number of seats available.
6. Central Unified School District retains the authority to maintain racial and ethnic balance among the schools.

CWA Disposition: Approved _____ Denied _____ Parent Notified ____/____/____
Reason _____

Application obtained from: [] Student Services (CWA) ____/____/____ [] School Site ____/____/____
Application returned to: [] Student Services (CWA) ____/____/____ [] School Site ____/____/____

Exhibit revised: 4/22/08

STUDENTS

Intradistrict Open Enrollment

PARENTAL NOTIFICATION:
OPTION TO TRANSFER FROM A PERSISTENTLY DANGEROUS SCHOOL

Dear Parents/Guardians:

The California Department of Education has designated the _____ School as a "persistently dangerous" school based on state criteria which include expulsion rates for certain types of offenses, gun-free schools violations and violent criminal offenses committed on school property.

Federal law requires that all parents/guardians of students in this school be offered an opportunity to transfer their children to another eligible district school or charter school which has not been so designated. Such transfers would take effect on [date].

The following schools are available to accept transfers:

If you decide you want to transfer your child, please submit your top [number] choices of schools on the enclosed form by [date] to the [district office or the principal at your child's school]. It cannot be guaranteed that your first choice will be available, but your preferences will be considered.

If you choose to transfer your child, you will be expected to provide or arrange for transportation to and from the child's school. As funds and space permit, transportation may be provided upon request, with priority given to students with the greatest financial need.

Exhibit adopted: 4/22/08

STUDENTS

Intradistrict Open Enrollment

PARENT/GUARDIAN TRANSFER REQUEST
FROM A "PERSISTENTLY DANGEROUS" SCHOOL

Instructions: To request a transfer for your child out of a school that has been designated as "persistently dangerous," please complete the following form and return it by [return date] to the [district office or to your child's school]. You will be notified by [date] regarding your child's school assignment for the next school year and your options if you decide to decline the school assignment at that time.

Child's Name: _____

Parent/Guardian's Name: _____ Signature: _____

School Child Currently Attends: _____

Please write numbers in the boxes below to rank your top [number] choices of available schools:

- [] _____ [school name] _____
- [] _____ [school name] _____
- [] _____ [school name] _____

If you have any questions, please contact [name] at [phone number].

Exhibit adopted: 4/22/08

STUDENTS

Intradistrict Open Enrollment

PARENTAL NOTIFICATION:
OPTION TO TRANSFER VICTIM OF A VIOLENT CRIMINAL OFFENSE

Dear Parents/Guardians:

Federal law requires that all students who have become a victim of a violent criminal offense while in or on the grounds of a school that the student attends be allowed to attend a safe public elementary or secondary school within the LEA (20 USC 7912(a)). Federal law requires that parents/guardians of such students be offered an opportunity to transfer their children to another eligible safe district school or charter school. Such transfers would take effect on [date].

The following schools are available to accept transfers:

If you decide you want to transfer your child, please submit your top [number] choices of schools on the enclosed form by [date] to the [district office or the principal at your child's school]. It cannot be guaranteed that your first choice will be available, but your preferences will be considered.

If you choose to transfer your child, you will be expected to provide or arrange for transportation to and from the child's school. As funds and space permit, transportation may be provided upon request, with priority given to students with the greatest financial need.

Exhibit adopted: 4/22/08

STUDENTS

Intradistrict Open Enrollment

PARENT/GUARDIAN SAFETY TRANSFER REQUEST

Instructions: To request a transfer for your child out of a school as “a victim of a violent criminal offense,” please complete the following form and return it by [return date] to the [district office or to your child's school]. You will be notified by [date] regarding your child's school assignment for the next school year and your options if you decide to decline the school assignment at that time.

Child's Name: _____

Parent/Guardian's Name: _____ Signature: _____

School Child Currently Attends: _____

Please write numbers in the boxes below to rank your top [number] choices of available schools:

[] _____ [school name] _____

[] _____ [school name] _____

[] _____ [school name] _____

If you have any questions, please contact [name] at [phone number].

Exhibit adopted: 4/22/08