

SAN JUAN UNIFIED SCHOOL DISTRICT
EL SERENO INDEPENDENT STUDY

EL SERENO VOLUNTARY TRANSFER APPLICATION
For School Year: 2025-2026

➤ Math Class currently enrolled or last taken: _____ At Grade Level for English? (Recommended student be at grade level in ELA):


Referring School: _____ Date: _____

Student: _____ Student ID #: _____
Last Name First Name

Grade: _____ Birth date: _____ Age: _____ Date you are attempting to start by: _____

Special Programs and Considerations (check all that apply): Language

- Continue as Dual Enrolled
- Currently Co-Enrolled
Teacher: _____
- Work Permit
- CTE
- ELL
- Interpreter needed*
- Truancy # _____
- Other: _____
- 504

IEP (Special Ed)  ***Karen Ewing***
will reach out to schedule the "Change of Placement" IEP that must take place before enrollment.

SpEd approval: _____

Parent/Guardian(s): _____ Phone: (____) _____

Email: _____ Work Phone: (____) _____

Student Cell phone: (____) _____ Student Email: _____

Why do you believe that El Sereno would be a good fit/alternative for your student?

To show that you have read the website: What counts for attendance at El Sereno?

**Read: Attendance/Absences section on the website. <https://elsereno.sanjuan.edu/our-school/administration>*

I understand my student must remain enrolled at their current school until I have been contacted by El Sereno with approval and orientation date. I will check my student out no sooner than one day prior to this orientation date or forfeit my application to transfer.

ATHLETIC INFORMATION: Current student athletes (or if planning in the future to participate in high school sports) who plan to enroll at El Sereno High School must clarify with their current school of attendance their Athletic Eligibility per CIF rules. Check with the high school's Athletic Director to determine individual eligibility requirements.

SIGNATURES: Students will not be considered for transfer to El Sereno if this form is not completed or is missing any of the signatures.

Parent: _____

Requesting Counselor Printed Name: _____

Requesting Administrator: _____

Requesting Counselor Signature: _____

Counselor contact phone number: _____

For El Sereno to consider this transfer, please email this completed and signed form, and a copy of the student transcript to bobbie.tedmon@sanjuan.edu. Families will be contacted if approved to schedule an orientation.

El Sereno Counselor Approval: _____ Date: _____