



Arlington High School School Placement Request District of Choice (DOC)

2026-2027
DOC
resides outside RUSD

Student Name: _____
Last First

Student ID#: _____ Check box if
NEW to RUSD ☐ Student Date of Birth: _____

Grade in 2026-2027 school year: _____ Gender: ☐ Male ☐ Female ☐ Nonbinary

Student Address: _____
Street Address City Zip

Parent(s) Name(s): _____
Please print first and last name(s)

Relationship to student: _____

Tel: (____) _____ Email: _____

District of Residence: (district where you reside)	
School Currently Attending:	
School Requested:	Arlington HS- Biomedical Science Program (PLTW)

Does this student require a special program? ☐ NO ☐ YES

If yes, which program: ☐ 504 ☐ Special Education

If in Special Education, select program: ☐ SDC ☐ RSP ☐ Speech ☐ Other _____

If yes and the student is new to RUSD, please attach a copy of the most current IEP

Is your student currently suspended or expelled? ☐ NO ☐ YES

If yes, please attach a copy of the suspension or expulsion order

ETHNIC CODE: Please mark one (for registration purposes ONLY):

100 _____ American Indian/Alaska Native 200 _____ Asian 700 _____ White (Non-Hispanic) 500 _____ Hispanic/Latino

300 _____ Native Hawaiian/Other Pac Islander 400 _____ Filipino 600 _____ Black/African American

By signing my name below, I declare under penalty of perjury and acknowledge the following:

- I am the parent/legal guardian of this student and reside outside the Riverside Unified School District.
- The information I submitted is accurate.
- I understand that this is only a request, that all transfers are based on space availability, and that no transfer is guaranteed.
- If the number of applicants exceeds the space availability, the school will have a lottery to determine acceptance.
- If accepted, the RUSD Pupil Services Department will process the Special Program Placement Request by June 2026.
- Students must meet and maintain established academic criteria for participation in the program.
- Students must commit to participation in the Biomedical Science Program during all four years of high school.
- Students must earn a C in Biomedical Science classes each semester, to continue in the program, or student will need to return to his/her school of attendance.
- Please Note: by signing this School Placement Request to the Biomedical Science Program, you are canceling any previously approved or submitted transfer to other schools. If your student attends Arlington High School on a specialty program transfer, the transfer is approved to the specialty program, not the school. Therefore, if you decide to withdraw your student from the Biomedical Science Program or if the student does not meet the academic requirement for the Biomedical Science Program the student will be placed at another school within RUSD.
- Parents are responsible for transporting the student to and from school.
- I have read and understand the Special Program Placement Request process.

Signature of Parent/Legal Guardian: _____ **Date:** _____

For Coordinator/Designee of the Biomedical Science Program use only:	For Pupil Services use only:
☐ Student has been accepted into the Biomedical Science Program ☐ Student is currently on a District of Choice transfer	Entered into AERIES: _____ Notification: _____ Comments: _____