FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

1965 Birkmont Drive, Rancho Cordova, CA 95742

2026/2027 SECONDARY SCHOOL (6th- 12th GRADE) *CHOICE* REQUEST FORM

Form must be completed and returned to student's current resident school by February 2, 2026. 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.*

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.

Office Use

Date Rec'd: _____

CHOICE application sent to requested school on /date: _____

By/Signature:

_____

***Please Print*:**

Student's Legal Name: _____ **Grade:** _____
(Last) (First) (Middle) *(2026/2027)*

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: _____

2026/2027 Resident School: _____ **2026/2027 School Requested**: _____
(Boundary area school) *(CHOICE school requested)*

Reason for *CHOICE* request: *(List)* **Student's Current School (25/26):** _____

☐ 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***

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☐***Request Approved*** ☐***Request Denied / Due to Grade Level, Program, or School Impacted***

_____
Principal/Designee Signature of Requested CHOICE School