

Enrollment Office Administrator's Signature: \_

## INTRADISTRICT School Choice

2023-2024

**Annual Deadline March 1st** 

STUDENT ENROLLMENT & FAMILY CENTER • 310 Nova Albion Way • San Rafael, CA 94903 • Phone 415-492-3236 • Fax 415-492-3573

Student Information - Please print clearly in pen!					
Student's Name:					
Last		First		Middle	
Home Address: Number	Street	Apt. #	City	Zip Code	
School Currently Attending:	Grade for <b>(2023-2024):</b> Neighborhood School:				
arent/Guardian Name: email:					
Preferred Phone Number: () Secondary Phone Number: ()					
School of Choice					
Please List the School you wish to have your student attend:					
Reason for Request:					
List names and grades of any siblings currently attending the school of your choice:					
Name:	Grade:	Name:		Grade:	
Area Residence School Transfer Due to Address Change					
If you have moved to a new address AND wish to request a transfer to your new area school, please complete this section.					
Former Address:					
PER BOARD POLICY, PROOF OF RESIDENCY REQUIRES PRESENTATION OF VALID DOCUMENTATION					
Program Participation					
Language your child most frequently uses at home:					
Please indicate the programs your child has participated in:   RSP   Title I   SDC   GATE   ELD					
Parent/Guardian Signature			Mail or Deli	ver in Person	
By signing this form, I understand and agree that:      All information is correct and accurate on this application.     Requests will be considered along with other applications according to District policy.      Revocation of an approved Intradistrict transfer may occur due to full capacity or for unsatisfactory attendance, and/or excessive tardiness which is unresponsive to correction.      If transportation is available, Intradistrict Transfers must pay full bus fees.				ollment packet for your d is currently enrolled School District.  ne 2023-24 school year	
Parent/Guardian Signature Rela	ationship to Student	 Date	310 Nova Albion V		
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Enrollment Office Completes this section					
Space Availability:		√ □ Waiting Li	st		

Date: \_