

Enrollment Office Administrator's Signature: \_

## INTRADISTRICT School Choice

2022-2023

**Annual Deadline March 15** 

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!					
Otadent information—riease print clearly in pen:					
Student's Name:		First	Middle	Middle	
Home Address:					
		Apt. #	City	Zip Code	
School Currently Attending:Grade for (2022-2023):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 Delive	r in Person	
By signing this form, I understand and agree tha	at:		You may submit this fo		
All information is correct and accurate on this application.			completed an enrollme child or if your child is o		
policy. in the San Rafael School District.					
<ul> <li>Revocation of an approved Intradistrict transfer may occur due to full capacity or for unsatisfactory attendance, and/or excessive tardiness which is The deadline for the 2022-23 school year</li> </ul>					
unresponsive to correction. is March 15, 2022.					
<ul> <li>If transportation is available, Intradistrict Transfers <u>must pay full bus fees</u>.</li> <li>Student Enrollment &amp; Family Center</li> </ul>					
Parent/Guardian Signature Rela	ationship to Student	Date	310 Nova Albion Way San Rafael, CA 94903		
			2311 141401, 071 0 1000		
Enrollment Office Completes this section					
Space Availability:   Approved   Der		☐ Waiting List			

Date: