

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT
1965 Birkmont Drive, Rancho Cordova, CA 95742

2021/2022 MIDDLE SCHOOL (6th- 8th GRADE) CHOICE REQUEST FORM

Form must be completed and returned to student's resident middle school by Friday, January 29, 2021. Failure to complete form accurately and in full may result in CHOICE being denied. Current school will send application to requested CHOICE school. Note – Some schools may not have space availability for CHOICE due to grade level or program capacity.

Student must be a FCUSD resident to apply. Resident school is based upon student's legal residence and the District boundary assigned school. If space is available, a student may CHOICE to a district middle 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 until promotion onto the 9th grade.

Notification of acceptance/denial will come from the requested 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) (2021/2022)

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: _____

2021/2022 Resident School: _____ 2021/2022 School Requested: _____
(Boundary area school) (CHOICE school requested)

Reason for school CHOICE request: (List) Student's Current School (20/21): _____

Educational Option (explain): _____

Sibling at school/Sibling Name: _____

Other (explain): _____

Check all programs in which your student participates: Speech Special Ed AP 504

List programs mandated in student's IEP if applicable: _____

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

Request Approved Request Denied / Grade level, program, or school impacted

Principal/Designee Signature of Requested CHOICE School