

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

**2021/2022 HIGH SCHOOL (9<sup>th</sup>- 12<sup>th</sup> GRADE) CHOICE REQUEST FORM**

**Form must be completed and returned to student's current resident school by January 29, 2021. 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.**

*Office Use*

Date Rec'd: \_\_\_\_\_

CHOICE application sent to requested school on /date: \_\_\_\_\_

By/Signature: \_\_\_\_\_

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 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 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.**

*Please Print:*

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle) (2020/2021)

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: \_\_\_\_\_

2020/2021 Resident School: \_\_\_\_\_ 2020/2021 School Requested: \_\_\_\_\_  
(Boundary area school) (CHOICE school requested)

Reason for CHOICE request: (List) \_\_\_\_\_ Student's Current School (19/20): \_\_\_\_\_

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*

\*\*\*\*\*

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

\_\_\_\_\_  
*Principal/Designee Signature of Requested CHOICE School*