

# FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

1965 Birkmont Drive  
Rancho Cordova, CA 95742

## 2015/2016 HIGH SCHOOL, 9<sup>th</sup>-12<sup>th</sup> GRADE, CHOICE REQUEST FORM

Student must be currently enrolled in a FCUSD school in order to apply. A student's placement for high school is based upon District boundaries and the student's legal residence. Space permitting, a student may attend a district high school that is not in his/her attendance area. As a school of choice applicant, you are agreeing to provide student's transportation to and from school. Choice request form must be completed, signed, and returned to the student's resident area high school (boundary home school) by the designated date. Note: student commits to requested school of choice for their remaining high school years, and following CIF regulation 207, a 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade "choice" transfer student shall be ineligible for all sports for one calendar year.

**Form must be completed and returned to student's current school by February 27, 2015. Failure to complete form accurately and in full may result in *Choice* being denied. Current school will send application to requested school. Notification will occur sometime after the due date.**

<b>Student Name:</b> _____	_____	_____
	<b>Grade 2015/2016</b>	<b>Birth Date</b>
<b>Street Address:</b> _____	_____	_____
	Street	City Zip Code
<b>Mailing Address:</b> _____	_____	_____
(If different than above)	Street	City Zip Code
<b>Phone No:</b> _____	_____	_____
	Home	Work Cell/Pager
<b>Name of school currently attending:</b> _____	_____	
<b>2014/2015 Resident School:</b> _____	<b>2015/2016 Requested School:</b> _____	_____
<b>Parent email address:</b> _____	<b>Parent Name:</b> _____	_____
<b>Reason for School Choice Request:</b>		
Educational Option (explain): _____		
Sibling at School, name of sibling: _____		
Other (explain): _____		
<b>Please check any programs student participates in:</b>	<b>SPEECH</b>	<b>SPECIAL ED GATE 504 PLAN</b>
<b>If Special Ed, list program mandated by student's IEP:</b> _____	_____	

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Designee Signature of Resident School

\_\_\_\_\_  
Date

**Request Approved**

**Request Denied / Reason:** \_\_\_\_\_

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

\_\_\_\_\_  
Date