Complete one form per student

The San Bernardino City Unified School District

REQUEST FOR CHANGE OF SCHOOL

Complete one form per student

STOP–DO NOT USE THIS FORM IF YOU ARE REQUESTING ANY OF THE FOLLOWING PROGRAMS
Call: ♦Gate or IB Programs 891-1039 ♦Magnet Program (See Options booklet) 891-1000 ♦NCLB (low performing schools) 381-1256
*** TRANSPORTATION WILL BE THE RESPONSIBILITY OF THE PARENT***

PLEASE PRESS FIRMLY AND PRINT CLEARLY

Request for the _____School Year

☐ If your student is placed on a 24-hour basis in a home other than the parents'/guardians' residence, a "Caregiver Authorization" form must also be submitted at this time.

☐ If this Request for Change of School is due to day care, a "Statement of Day Care Placement" form must also be submitted.

Student's Name _____
LAST FIRST MI

Birthdate _____ Age _____ Grade _____ (for requested school year) Retained? ☐ Yes ☐ No
Month Day Year

Is there a sibling currently attending the school requested? ☐ Yes ☐ No Sibling's name_____

Is this student in a Bilingual or Special Education Program? ☐ Yes ☐ No Program _____

Is this student presently enrolled in a San Bernardino City School? ☐ Yes ☐ No If yes, which school _____

Has the student participated in C.I.F Interscholastic sports? ☐ Yes ☐ No School/Sport _____
Grades 9-12: Athletic eligibility must be determined by the Athletic Eligibility Committee

I request that my child attend _____, instead of (Home School) _____

for the following reasons: (Please be brief, but explicit, use reverse side of **white** copy if needed) _____

_____

_____

_____

_____

Parent/Guardian Name _____ Address_____ Apt. #_____

Relationship to child _____ City _____ Zip _____

Phone _____ (work/cell) _____ Former address if recently moved _____

IMPORTANT: READ BACK PAGE THOROUGHLY BEFORE SIGNING.

Signature _____ Date_____

District MUST complete
School # _____ Student ID # _____ Family #_____

COMMITTEE ACTION

_____ **GRANTED** on _____ for the 2_____- 2_____ school year. ***You have 5 days from date of approval to accept***
_____ DENIED on _____ Insufficient basis under District's guidelines. (See reverse side)
_____ DENIED on _____ School and/or grade requested has **No Space.**
_____ DENIED on _____ Poor attendance and/or behavior.

_____ OTHER: _____

_____ _____
Transfer Committee Chairperson Permit Code

GA-2 (Rev 08-08) DISTRIBUTION COPIES: White-Youth Services Yellow-School To Pink-School From Golden-Parent or Guardian

Submit form in person to the Youth Services Dept. located at-1535 W. Highland Avenue in San Bernardino