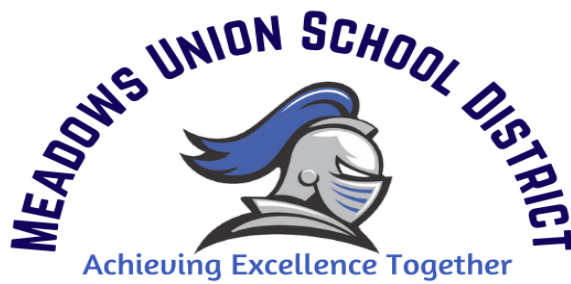


GOVERNING BOARD

ROBERTO GARCIA
MARGO LAMOREAUX
ERNESTO PINEDO
BEATRIZ RODRIGUEZ
ELIZABETH CARDENAS

**ADMINISTRATION**

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SUPERINTENDENT
JAMIE SINCLAIR
PRINCIPAL
DANIELA TABAREZ
CHIEF BUSINESS OFFICER

2023-24 DISTRICT OF CHOICE APPLICATION

A separate application must be submitted for each child

For consideration, applications must be received by the District Office before December 16, 2022

☐ Initial Student Request ☐ Renewal of Agreement

Name of Student Applicant: _____ Birthdate: _____

Current School of Attendance: _____

Please Note: This is **only** a request. The Governing Board of the School District will determine the number of transfers the District will accept. Admitted students will be selected through a random, unbiased process. Placement at a school site is determined by space availability and may be changed by the District until the first day of school. The District is not required to admit a student to a specific school or program.

For the 2023-24 School Year, my child will be entering the _____ grade. (TK, K, 1, 2, 3, 4, 5, 6, 7, 8)

Was this child's parent/guardian relocated by the military within 90 days of this request? Yes _____ No _____

Does this child currently attend school in the Meadows Union Elementary School District? Yes _____ No _____

If this child has any siblings currently attending school in the Meadows Union Elementary School District, please list:

Sibling Name: _____ School Year _____ Grade _____

Sibling Name: _____ School Year _____ Grade _____

Note: Information on his application must be true, correct, and current. If the number of applications for a given grade or program exceeds the space available, a random drawing will be held at a regularly scheduled Board meeting.

Parent/Guardian Name (PLEASE PRINT)

Parent/Guardian Signature

Home Address (Number & Street – PLEASE PRINT)

City

Zip Code

Cell Phone Number

Home Phone Number

Work Phone Number

----- **FOR SCHOOL USE ONLY** -----

SCHOOL DISTRICT OF CHOICE complete this section and return all copies to school district of residence

ACTION OF DISTRICT OF CHOICE

☐ **ACCEPTED** Terms of Acceptance _____

☐ **DENIED** Reason for Denial _____

Signature and Title of Authorized Representative

Date