

****Deadline to apply, January 25, 2010****

Date Elementary

**FONTANA UNIFIED SCHOOL DISTRICT
TITLE I PARENTAL CHOICE TRANSFER OPTION FOR ELEMENTARY**

APPLICATIONS WILL BE ACCEPTED AT SCHOOL SITES **ONLY** DURING PARENTAL CHOICE ENROLLMENT

STUDENT INFORMATION (PRINT ALL INFORMATION / ONE FORM PER STUDENT)

Last Name: _____ First Name: _____ Grade: _____

Current School: _____ Spec. Ed _____ Grade in 09-10 _____

Home Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____ Student No: _____

Contact Numbers: Hm: () _____ Work: () _____ Msg: () _____

REQUEST OF PARENT/GUARDIAN (please one and return signed form to your child's school)

- I have been informed of my choices and do not want to participate in the School Choice Transfer Option.
- I do request that my child be permitted to attend **(please circle one)**

Dorothy Grant Elementary OR Oleander Elementary

CONDITIONS

I understand that the district will pay the transportation cost. Once the home school is no longer required to provide School Choice, I may keep my child at the Choice School, but I will then be responsible for transportation costs.

I understand and agree to the conditions of the permit stated above, if approved. This application is not valid without all signatures from the Fontana Unified School District Office of Child Welfare and Attendance and upon receipt of Title I verification.

Date

Signature of Parent/Guardian

FOR DISTRICT USE ONLY

The above named student is _____ **Accepted** _____ **Denied** for attendance at the requested school. If accepted this permit is valid as long as the student remains at the school requested and all conditions are met.

Date

Coordinator, Child Welfare & Attendance

TITLE I Status Verified: _____
Date

By: _____
Title I Verification Signature