

Rincon Valley Union School District

INTRADISTRICT ENROLLMENT REQUEST

This form is to be filled out and returned to your nearest school if you wish your child to attend a school in Rincon Valley but out of your neighborhood attendance area.

1. Child's Name _____ Grade in September, 20__ : _____

Last School Attended _____ Requested School _____

2. Child's Name _____ Grade in September, 20__ : _____

Last School Attended _____ Requested School _____

3. Child's Name _____ Grade in September, 20__ : _____

Last School Attended _____ Requested School _____

Do siblings of the student currently attend the school to which transfer is requested? _____ (Yes or No)

Specialized or unique educational program? (Describe)

I understand that I am responsible for the transportation of my student(s).

Parent's Comments (if any):

Parent's Signature Date

Address Zip Code Telephone #

Principal's Signature Date Request Received

Approved Denied Reason for Denial Superintendent's Signature Date