

**School District of Choice Transfer
Elk Hills School District**

Elk Hills School District of Choice Declaration at Regular Board Meeting on October 12, 2005

For School Year _____

For Grade _____

Use a separate form for each child. Please type or print.

PART A.

PARENT/GUARDIAN completes this section and returns all copies to school district of choice.

Student's Name: _____ Birth Date: _____

School District of Choice: _____ County: _____

School Requested : _____

Specific Program or Service Requested (if any): _____

Sibling(s) Currently Attending District of Choice: _____

School District of Residence: _____ County: _____

School Presently Attending or Last Attended: _____ Grade: _____

Name of Parent/Guardian: _____ Home Phone: _____

Address: _____ Work/Cellular Phone: _____

PART B.

SCHOOL DISTRICT OF CHOICE completes this section and returns all copies to school district of residence.

ACTION OF DISTRICT OF CHOICE:

Accepted Terms of Acceptance: _____

Rejected
Reason for rejection: _____

Date: _____

(Signature and Title of Authorized Representative)

PART C.

SCHOOL DISTRICT OF CHOICE completes and distributes copies as indicated below.

ACTION OF DISTRICT OF RESIDENCE:

Accepted

Rejected

Reason for rejection: Negative impact on desegregation plan.
 Transfer exceeds limits allowed by law.

Date: _____
(Signature and Title of Authorized Representative)

Distribution: District of Attendance District of Residence Parent/Guardian