

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
STUDENT TRANSFER CHOICE PROGRAM
2011-2012 ENROLLMENT FORM
Due by 4:00 p.m., October 17, 2011 to
Office of Curriculum and Instruction
Roseville Joint Union High School District
1750 Cirby Way
Roseville, CA 95661
Fax: 916-786-2681

Student's Name: _____ D.O.B: _____

Parent/Guardian's Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Email: _____ Fax: _____

Student's Grade for 2011-2012 school year: _____ Current School: _____

I understand that by electing to transfer my child to one of the designated transfer site schools, my child is expected to attend that transfer school through June 2012. Further, I understand that when the current high school is no longer rated as "program improvement", my child can remain at the transfer school; however, No Child Left Behind regulations would prohibit the continuation of transportation services for my child to the transfer school.

Parent/Guardian Signature: _____

Date: _____

I request a transfer of my child to a transfer-choice site.

I request that my child remain at the current school.

The designated Student Transfer Choice Program sites based on participation rates are Granite Bay, Oakmont, and Woodcreek High Schools. My preferences for my child are:

First Option: _____

Second Option: _____

Third Option: _____

The District will make the final decision for placement. Please complete and return this form by **October 17, 2011**.

District Use Only

Date Received:

School Assigned:

Date Student Notified: