



AUBURN UNION SCHOOL DISTRICT  
 255 EPPERLE LANE  
 AUBURN, CA 95603  
 PHONE 530.885.7242  
 FAX 530.885.5170

**SCHOOL OF CHOICE REQUEST  
 2012-2013 SCHOOL YEAR**

A parent/guardian may request enrollment of a student in a specific school; however, the school may not be able to admit the student due to class sizes and space limitations. The school Principal and Superintendent/designee are responsible for determining the number of transfers the school can accept.

Parents or guardians applying for "School of Choice" for the first time for a student who has never attended his/her school of residence must visit or tour their school of residence before submitting a "School of Choice" application. (Students who have previously attended their school of residence at any time during his/her academic career are exempt from this requirement.)

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION AND SUBMIT IT TO THE SCHOOL OF CHOICE BY  
 MARCH 31, 2012 FOR PRIORITY CONSIDERATION. (One per student)  
 After March 31<sup>st</sup>, decisions are made as space is available**

PLEASE CHECK THE ITEM(S) THAT APPLY TO THIS STUDENT:		
CONTINUING STUDENT (or moved during the school year)	SIBLING ALSO APPLIED	NEW REQUEST

AS THE PARENT/LEGAL GUARDIAN OF (please print student's name) \_\_\_\_\_

I AM REQUESTING THAT THE ABOVE NAMED STUDENT ATTEND \_\_\_\_\_  
 (SCHOOL OF CHOICE)

FROM \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ FOR THE **2012-2013** SCHOOL YEAR.  
 (SCHOOL OF RESIDENCE)

THE ABOVE NAMED STUDENT IS CURRENTLY ATTENDING: \_\_\_\_\_

PARENT/GUARDIAN NAME: (please print): \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR)**

Your request for transfer is approved for the **2012-2013** school year. This approval is contingent upon our receipt of an attendance/behavior contract before the attendance of the student. The terms of the contract are stated clearly and must be observed. Violation of the terms of the contract may result in termination of this School of Choice Transfer Agreement and the student may have to return to his/her school of residence.

Your request for transfer is denied for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
 (School of Choice Principal's Signature)

\_\_\_\_\_  
 (Date)