

WALNUT VALLEY UNIFIED SCHOOL DISTRICT
"KIDS FIRST – Every Student, Every Day"
880 South Lemon Avenue, Walnut, California 91789-2931 * 909-595-1261 Ext. 31360

2020-2021 "DISTRICT OF CHOICE" Transfer Application
(One form must be submitted for each child)

In accordance with Walnut Valley Unified School District policy, applications must be received at our District Office between October 15, 2019 and December 31, 2019. **DUPLICATE, INCOMPLETE OR APPLICATIONS RECEIVED AFTER DECEMBER 31, 2019 WILL NOT BE PROCESSED. PLEASE TYPE or PRINT CLEARLY & COMPLETE ALL INFORMATION. (Transitional Kindergarten must be age 5 September 2-December 2nd) (Kindergarten must be age 5 on or before September 1st).**

Application for: _____ / _____ / _____
(One per child) FIRST NAME (child) LAST NAME (child) Date of Birth: month/day/year

Parent/Guardian Name (Please Print) _____ Parent/Guardian Signature _____

Home Address (Number and street name) (Please Print) _____ City (Please Print) _____ Zip Code _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Number Work Phone Number Cell Phone Number Email Address

Home District: _____
(District in which you reside-must be complete & accurate)

Home District's Address: _____ City: _____ Zip: _____

School your child is currently attending: _____ District Attending: _____
(Only list if different than above)

WVUSD Schools Requested: (1st Choice) _____ (2nd Choice) _____

Please Note: This is only a request. Placement at a school site is determined by space availability. The district is not required to admit a student to a specific school or program. **There are no guarantees on any school site assignment.**

For the **2020-2021** school year, my child **will be entering** grade (T/K, K-12th): _____

Does this child **currently attend** school in the **Walnut Valley Unified School District**? Yes _____ No _____

If yes, name of school currently attending: _____

If this child has any **siblings currently attending** school in the Walnut Valley Unified School District, please list:

Sibling Name: _____ Grade/School: _____ / _____

Sibling Name: _____ Grade/School: _____ / _____

If you are submitting a District of Choice application this year for more than one child (a sibling), please list Sibling(s) name, grade he/she will be entering, and the school site requested:

Sibling Name: _____ 2020-21 Grade: _____ Requested School: _____

Sibling Name: _____ 2020-21 Grade: _____ Requested School: _____

NOTE: Information on this application must be current and your signature indicates you understand that your child may be placed at any one of the schools within the Walnut Valley Unified School District. Approved applications will be signed by the District Representative (below), and a copy returned to you for verification.

WALNUT VALLEY UNIFIED SCHOOL DISTRICT COMPLETES THIS PORTION

Your 2020-2021 District of Choice Transfer Request **is approved**, providing student meets the admission requirements of the school/district.

You will be notified of the school assignment prior to the start of the 2020-2021 school year.

Brandon Dade, Director Secondary Education & Pupil Personnel Services

Students residing in the Azusa, Rowland, and Pomona Unified School Districts, please read FAQ sheet for more information.