VALLE LINDO SCHOOL DISTRICT
2019-2020 DISTRICT OF CHOICE STUDENT APPLICATION –*PLEASE PRINT*

APPLICATION FOR:

1.) _____
First name Middle name Last name
Grade student will be in next year (2019-2020): _____ Date of Birth: (mo/date/yr) _____

2.) _____
First name Middle name Last name
Grade student will be in next year (2019-2020): _____ Date of Birth: (mo/date/yr)_____

3.) _____
First name Middle name Last name
Grade student will be in next year (2019-2020): _____ Date of Birth: (mo/date/yr)_____

4.) _____
First name Middle name Last name

Grade student will be in next year (2019-2020): _____ Date of Birth (mo/date/yr)_____

_____
Home address of above students (number & street include unit/apt #)

_____
City Zip Code Telephone number(s) of parent/guardian

PARENT/GUARDIAN SIGNATURE INDICATES INFORMATION PROVIDED IS TRUE, ACCURATE & COMPLETE.

_____ _____
PLEASE PRINT FIRST/LAST NAME **SIGNATURE**

_____
DATE

PLEASE NOTE: This is *only a* request. The Governing Board of the School District is responsible for determining the number of transfers the district is willing to accept and for ensuring that students admitted are selected through a random, unbiased process. Placement at a school site is determined by space availability, and may be changed by the district up until September 13, 2019. The district is not required to admit a student to a specific school or program. There are no guarantees on any school site assignment.

PLEASE RETURN APPLICATION TODAY!

Applications must be received by deadline date of
December 30, 2018