

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT**

**325 So. Peck Ave.**

**Manhattan Beach, CA 90266**

**310/318-7345, ext. 5912**

**OPEN ENROLLMENT APPLICATION  
FOR SCHOOL YEAR \_\_\_\_\_**

**This application must be completed (circle one):**

- A. If you have moved within Manhattan Beach and you want your child to change schools to attend the new school of residence.**
- B. If you have moved within Manhattan Beach and you want your child to continue to attend his/her previous MBUSD school.**
- C. If you live within Manhattan Beach and you are requesting that your child attend another Manhattan Beach school.**

Student Name \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Last First MI (For year requested)

Address \_\_\_\_\_

Name of Parents / Guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School currently attending: \_\_\_\_\_

MBUSD School of residence: \_\_\_\_\_

MBUSD School requested: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the **Open Enrollment Board Policies and Administrative Regulations**, attached to this application. I understand that all Open Enrollment transfers are offered on a space-available basis, and that the District will not provide transportation to my child's selected school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Assistant Superintendent, Student Services