



Intradistrict Transfer/Open Enrollment Request

School Year: 2019-2020

Robla School District has an Intradistrict Open Enrollment policy that allows families to apply to enroll their child at any district school regardless of where they reside in the district. If you would like to apply, please return this completed form to the school office (accepted between April 15 to May 15). **NOTE: Approval is subject to available space at the requested school.**

STUDENT INFORMATION

_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	First name	DOB	Current or last school	Requested grade	RSP	Speech	SDC
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	First name	DOB	Current or last school	Requested grade	RSP	Speech	SDC
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	First name	DOB	Current or last school	Requested grade	RSP	Speech	SDC
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	First name	DOB	Current or last school	Requested grade	RSP	Speech	SDC

Home school: Bell Avenue Glenwood Main Avenue Robla Taylor Street

Requested school: Bell Avenue Glenwood Main Avenue Robla Taylor Street

I have children who are four years old or younger and would like to be contacted about enrolling them in preschool.

REASON FOR REQUEST

Return to home school Employment Child care near school Siblings enrolled at requested school

Other (please explain) _____

TERMS & CONDITIONS: (1) Approval is subject to space availability. (2) Transportation is not guaranteed. (3) If your child is absent the first day of school, he/she may lose their reserved space to new enrollees and may have to attend another school in our district. (4) For special education students only: approval is subject to availability of special services at the requested school.

PARENT INFORMATION

Parent/Guardian Name _____ Phone: Home Cell Work

Address, City, Zip _____

E-mail address _____ Phone: Home Cell Work

I have read this Open Enrollment/Intradistrict Transfer Request and understand and agree to the Terms and Conditions. I also understand that my children will continue enrollment at their current school if I do not request a different school by returning this form.

Parent/Guardian Signature _____ Date _____