

INTRADISTRICT ATTENDANCE APPLICATION: 2016-2017

San Bruno Park School District

500 Acacia Avenue, San Bruno, CA 94066 650-624-3100 Fax: 650-266-9626

Student's Name: _____ Birthdate: _____ Grade 2016-2017 _____

Current School of Attendance: _____ Racial/Ethnic: _____

School Desired: _____ Your Area Home School: _____

Father/Guardian: _____ Home Phone: _____ Work Phone: _____

Father's Address: _____

Mother/Guardian: _____ Home Phone: _____ Work Phone: _____

Mother's Address: _____

Is your child currently enrolled or being considered for any of the following programs?

Less than 50% Special Education _____ More than 50% Special Education _____ Speech _____ ESL _____

Please state the specific reason for your request: _____

If your reason involves child care, please complete the following: Name: _____

Address: _____ Phone Number: _____

I understand that if the grade level in which my child is enrolled becomes overcrowded, if the district incurs increased costs, if my child becomes an attendance or discipline problem, or if I fail to provide timely and safe transportation, he/she may be returned to my home school. I declare that the information contained in this contract is true, and I agree that any falsification of information invalidates this request. This form must be submitted by May 1 to be eligible for participation in the lottery.

Signature of Parent/Guardian: _____ Date: _____

For San Bruno School District Use Only

Date: _____ Approved: _____ Denied: _____

San Bruno Park School District Official

THIS FORM MUST BE SUBMITTED BY MAY 1