PUBLIC SCHOOL CHOICE REQUEST FORM
For School Year 2016-2017

STUDENT INFORMATION: (Please PRINT) ID # ______________________
First Name: ___________________ Last Name: ___________________
Current Grade: _______________ Birthdate: ____________________

SIBLINGS YOU WOULD LIKE TO ENROLL AT THE SAME CHOICE SCHOOL, if space available:
Name: ______________________ ID#: ______________ Birthdate __________ Gr: _________
Name: ______________________ ID#: ______________ Birthdate __________ Gr: _________

STUDENT HOME ADDRESS:
__________________________________________________________
__________________________________________________________

Parent/Guardian’s Name: ____________________________________________________________________________
Last Name, First Name

TELEPHONE NUMBERS:
Daytime: (___) _____-____________ Evening: (___) _____-______________

☐ I choose to have my child remain at Encina Preparatory.

☐ I choose to have my child transfer to my school choice below for this school year 2016-2017.

To request a transfer to one of the Non-Program Improvement Schools listed below, please fill out this request form and return it by mail, fax, or dropping it off at the District Office, Attn: OSLA, 3738 Walnut Avenue, Carmichael, CA on or before January 8, 2016. You will be contacted by the San Juan Central Enrollment Office regarding this request before the school year begins.

For Encina students, schools available for Public School Choice transfers. Please prioritize by numbering your 1st & 2nd choice.

For Gr. 6-8: _____ Barrett _____ Sierra Oaks
For Gr. 9-12: _____ Rio Americano _____ Mira Loma

TRANSPORTATION NEEDED: ☐ YES ☐ NO
(Transportation provided from Encina to/from Barrett or Sierra Oaks or Rio Americano or Mira Loma)

SIGNATURE: ______________________________ DATE: ____________