

EL MONTE UNION HIGH SCHOOL DISTRICT

PROGRAM IMPROVEMENT SCHOOL CHOICE ATTENDANCE APPLICATION

(Application must be completely in its entirety)

PLEASE PRINT

Student's Name: _____
Last First Middle

Date: _____

Address: _____
Number and Street (include apartment # if applicable)

Home/Cell Phone No.: (____) ____ - _____

City State

Zip Code

9 10 11 12
(Circle current grade)

Student Number (if known): _____

Date of Birth: _____

Male _____ Female _____
(Circle One)

The above named student is currently enrolled in the following special program(s):
GATE _____ ELD _____ RSP _____ SDC _____ OTHER _____

CURRENT SCHOOL ATTENDING: _____

I UNDERSTAND THAT TRANSPORTATION WILL BE PROVIDED ONLY FOR THE PERIOD OF TIME IN WHICH THE SCHOOL REMAINS IN PROGRAM IMPROVEMENT.

Will the above named student be in need of transportation? Yes or No

Does the above named student have a sibling currently attending Arroyo High School? Yes or No

Father's/Guardian's Name: _____

Home/Cell Phone No.: (____) ____ - _____

Mother's/Guardian's Name: _____

Home/Cell Phone No.: (____) ____ - _____

Submit completed application to: Educational Services
School Choice
3537 Johnson Avenue
El Monte, CA 91731

ONCE THE APPLICATION HAS BEEN PROCESSED, THE ENROLLMENT TRANSFER IS **IRREVOCABLE** UNTIL THE NEXT OPEN ENROLLMENT PERIOD.

Signature of Parent/Guardian

FOR OFFICE USE ONLY

SCHOOL CHOICE
Accepted _____
Denied _____
By: _____

SCHOOL OF RESIDENCE
Notification sent _____
By: _____

TRANSPORTATION REQUIRED
Yes _____
No _____ Signed waiver
By: _____

District Administrator Date