

## El Monte Union High School District Intra District OPEN ENROLLMENT Attendance Application Year 2020-2021

## October 23-November 6, 2019 (Application must be completed in its entirety)

Student's Name:Last First Middle		Birthdate:		
Home Address (number, street, city, state and zip code):         Grade (in 2019-2020):				
1.) Current <u>High School</u> Attending:	Arroyo El Monte	Mountain View	Rosemead	South El Monte
2.) Current Middle School Attending:				
3.) High School of Residence: Arroy	vo El Monte	Mountain View	Rosemead	South El Monte
4.) School you wish to attend: Arroyo	El Monte	Mountain View Ro	osemead	South El Monte
5.) Is there a sibling <u>currently</u> attending the school you wish to attend between grades 9 <sup>th</sup> -11 <sup>th</sup> ? Yes No				
If yes, please provide sibling's name:Date of birth:/ / Current Grade:				
6.) Is the above-name student currently enrolled in any of the following special programs: ELD Special Ed./IEP				
7.) Reason(s) for this transfer request: Child Care Safety			Specialized P	rogram/Needs
Other (please explain):				
<ul> <li>* I understand my request will be considered along with other applications. A random, unbiased selection process will be used to determine which pupils are confirmed for enrollment in their school of choice.</li> <li>* I understand if my student is not selected by a random process, student shall be placed on a waitlist for the school of choice.</li> <li>* I understand if my student is on waiting list, student will be enrolled in the school of residency.</li> <li>* I understand once my application has been processed, the enrollment transfer is irrevocable until the next Open Enrollment period.</li> </ul>				
Parent/Guardian Name Printed:				
Parent/Guardian Signature:			ate:	
Submit application to:	El Monte Union High Educational Services 3537 Johnson Avenu El Monte, CA 91731	;		
District Office Use Only:				

Received Date: \_\_\_\_\_

Board Policy 5116.1