

**EL MONTE UNION HIGH SCHOOL DISTRICT
INTRA-DISTRICT ATTENDANCE APPLICATION**
(Application must be completed in its entirety)

Student Name: _____
Last First Middle

Birthdate: _____

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

Current Grade: _____

City, State, and Zip Code

Phone: _____

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

CURRENT SCHOOL ATTENDING: _____

HIGH SCHOOL OF RESIDENCE: _____

SCHOOL YOU WISH TO ATTEND: _____

Please explain the reason(s) for this transfer request: _____

Does the above named student have a brother/sister **currently** attending the school you wish to attend? Yes _____ No _____
(Circle One)

If yes, what is the brother or sister's name? _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Once this application has been processed, the enrollment transfer is irrevocable until the next Open Enrollment period.

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

District Office Use Only:

Received Date: _____

Approved: _____

Waiting List: _____