El Monte Union High School District
<u>Intra-District Attendance Application **Year 2019-2020**</u>
(Application must be completed in its entirety)

Student's Name: _____   Birthdate:_____
Last   First   Middle

Home Address *(number, street, city, state and zip code)*:_____

Current Grade:_____   Student ID # (if available):_____   Phone:_____

The above-named student is currently enrolled in the following special program(s):

ELD   RSP   SDC   Other: _____

1.) Current School Attending:

Arroyo   El Monte   Mountain View   Rosemead   South El Monte

Other: _____

2.) High School of Residence:

Arroyo   El Monte   Mountain View   Rosemead   South El Monte

Other: _____

3.) School you wish to Attend:

Arroyo   El Monte   Mountain View   Rosemead   South El Monte

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

_____

Does the above-named student have a sibling **currently** attending the school you wish to attend?   Yes   No

If yes, please provide sibling's name: _____Date of birth: _____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____

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

> **Once this application has been processed, the enrollment transfer is <u>irrevocable</u> until the next Open Enrollment period.**

District Office Use Only:
Received Date: _____   Approved: _____   Waiting List: _____

Open Enrollment 2019-2020

Board Policy 5116.1