

Date Stamp

PITTSBURG UNIFIED SCHOOL DISTRICT

OPEN ENROLLMENT INTRADISTRICT TRANSFER REQUEST

NEW _____
CONTINUING _____
20 ____/20 ____

Name of Student _____ Grade _____ Date of Birth _____

Address _____ City _____

Phone (Home) _____ Cell _____ Work _____

Assigned School _____ Requested School _____

(SCHOOL USE ONLY)
STUDENT ON OVERFLOW TO: _____

GENERAL OPEN ENROLLMENT RULES:

1. OPEN ENROLLMENTS SHALL BE GRANTED ON A **SPACE AVAILABLE BASIS** AT THE REQUESTED SCHOOL. **ATTENDANCE, GRADES AND BEHAVIOR** ARE ALSO TAKEN INTO CONSIDERATION.
2. APPLICANTS WHO RECEIVE AN APPROVAL **MUST CONFIRM THEIR ENROLLMENT WITHIN TWO WEEKS**. ONCE STUDENT BEGINS SCHOOL, THEY MUST REMAIN AT THE REQUESTED SCHOOL FOR AT LEAST ONE SCHOOL YEAR, **UNLESS REVOKED BY THE SCHOOL OR DISTRICT**.
3. THE DISTRICT **WILL NOT PROVIDE TRANSPORTATION** TO A SCHOOL OUTSIDE OF THE ASSIGNED ATTENDANCE AREA. STUDENTS APPROVED ON OPEN ENROLLMENTS **DO NOT RECEIVE DISTRICT TRANSPORTATION. THE PARENT/GUARDIAN IS RESPONSIBLE FOR PROVIDING TRANSPORTATION.**
4. NEW APPLICATIONS MY NOT BE PROCESSED UNTIL 14 DAYS AFTER THE BEGINNING OF THE SCHOOL YEAR.
5. MY CHILD IS IN THE FOLLOWING PROGRAM (PLEASE INDICATE BELOW)

Special Ed _____	Resource _____	ESL _____	Dual Immersion _____	Other _____
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REASON (This portion MUST be filled out): _____

Parent/ Guardian Signature _____ Date _____

DISTRICT ACTION: GRANTED _____ DENIED _____ HOLD _____ Random # _____

REASON FOR DENIAL OR HOLD: _____

Director of Student Services _____ Date _____