

## Riverside Unified School District Pupil Services Department

## **District of Choice Transfer Application**

(one form must be submitted for EACH student)

2024-2025 DOC

\*Resides outside RUSD\*

Student Name					
Last		First			
Student ID#	if new to RUSD check box 🗖	Student Da	te of Birth _		
Grade in 2024-2025 school year:	Gender	: 🗆 Male	□Female	□Nonbinary	
Student Address Street Address			7:		
Street Address	City	•	Zip		
Parent(s) Name(s)  Please print first and last name(s)					
Relationship to student					
Tel ()	Email			·	
District of Residence: (District where you reside)					
School Currently Attending:		•			
School Requested:	Bryant Elementary Sch				
List any sibling(s) currently attending Bryant Elementary School:					
Sibling Name:	Grade: _		-)		
Is parent an RUSD employee? ☐ Yes If yes, provide the following information					
Job Title:					
Does this student require a special pr	ogram? NO YES				
If yes, select program: □ 504 □ Special Education  If in Special Education, which program: □ SDC □ RSP □ Speech □ Other					
If yes and the student is new to RUSD, please submit a copy of the most current IEP to the Pupil Services Department					
Is your student currently suspended of	or expelled?  NO YES				
If yes, please submit suspension or expulsion order to the Pupil Services Department					

ETHNIC CODE: Please mark one (for registration purposes ONLY):				
100 American Indian/Alaska Native	200 Asian 700 White (Non-Hispanic)			
500 Hispanic/Latino	300 Native Hawaiian/Other Pac Islander			
400 Filipino	600 Black/African American			

## **Terms of Agreement:**

Signature of Parent/Legal Guardian:

- I understand that this is <u>only</u> a request, that all transfers are based on space availability, and that no transfer is guaranteed.
- I understand the District of Choice option is to the District, not to a particular school site.
- The District is not required to admit a student to a specific school or program.
- If the number of applicants exceeds the space availability the school will have a lottery to determine acceptance
- If accepted, the Pupil Services Department will process the Special Program Placement Request by June 2024.
- Transportation will not be provided for Special Program Placement Request
- <u>Please Note:</u> by signing this School Placement Request to the Core Knowledge Program (CK), you are canceling any previously approved or submitted transfers to other schools. If you later decide to withdraw your student from Bryant Elementary School CK Program the student must return to their school of residence.
- I have read and understand the Special Program Placement Request process

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Date:

For Coordinator/Designee of the Core Knowledge Program use only:	For Pupil Services use only:
☐ Student has been accepted into the Core Knowledge Program  Comments:	Entered into AERIES:  Notification:  Comments: