

**CLOVIS UNIFIED
SCHOOL DISTRICT**

STUDENTS

Admissions Residency and School Attendance

INTRA-DISTRICT TRANSFERS/OPEN ENROLLMENT

OPEN ENROLLMENT TRANSFER APPLICATION

The Open Enrollment Transfer Application is set forth on the following pages.

Adopted: 12/12/2007

Reviewed: 07/08/2009

Amended: 08/01/2008, 09/08/2010, 11/16/2011, 02/23/2012, 03/30/2012, 05/16/2013, 08/15/2024
(EXH 2208(1) renumbered as EXH 5116.1(2))

Doc# 47429-4 (08/2024, None)



Student Services and School Attendance
 1465 David E. Cook Way, Clovis, CA 93611-0574
 Phone: 559-327-9200 Fax: 559-327-9222 Email: sssa@cusd.com

DIGMAC # _____

EXHIBIT NO. 5116.1(2)
OPEN ENROLLMENT TRANSFER APPLICATION

Mailing label goes here.
 Please do not write in this area.

Completed applications must be returned to Student Services and School Attendance or any comprehensive school.

This transfer request is: New Extended

PLEASE PRINT:

Today's Date: _____

Requested School Year: _____

Student's Full Legal Name: _____

Male Female Other Date of Birth: _____ CUSD Student ID#: _____

Grade Requesting: _____ Current School of Attendance: _____

Requesting transfer from (school of residence) _____ to (requested school) _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

SPECIAL EDUCATION: If applicable, please check the following services your child receives.

- Resource Specialist (RSP) Speech/Language Hearing Impaired Special Day Class (SDC) Visually Impaired 504 Plan
 Other (please describe): _____

SIBLING INFORMATION: Fill out the following information for all siblings living at the same address more than 50% of the time:

Last Name	First Name	DOB	Grade	Current School	Transfer Requested (Y/N)	Transfer Approved (Y/N)

PARENT CERTIFICATION: I have read and understand all the transfer stipulations mentioned above and verify that all the information provided is correct. I understand that if the information proves to be incorrect through error, omission or misstatement, my transfer application may be denied or revoked.

Signature of Parent/Guardian: _____ Date: _____

FOR DISTRICT USE ONLY:

DENIED DATE: _____

Attendance History indicates student has missed 10% or more of the school year, and/or has been involved in the SARB process, and/or has excessive tardies

Behavior History indicates student has had habitual referrals, multiple suspensions, and/or has been referred to SSSA for disciplinary action.

Grades indicate that student is struggling with below a 2.0 grade point average and/or has failing grades.

There is a documented safety concern.

WAITLISTED DATE: _____

There is no transfer space available at the school site and/or grade level.

There is no room in a specialized program and/or resources are impacted.

*Your child will be placed on a randomized waiting list should space becomes available. Space will be monitored regularly *during the requested school year* and you will be notified if space becomes available.

APPEAL PROCESS- PAGE 2

APPROVED: Your transfer has been approved for reason: _____ to the following schools effective _____ through _____

K-6 _____

Intermediate _____

High School _____

OP Open Enrollment Approval Date: _____

PE Parent Employment FA Sibling Rule per Board Policy No. 5116

PARENT INFORMATION – ACCEPTANCE PROCESS

- To complete the open enrollment approval process, you must report to your school of choice with this form by _____ and sign an "Open Enrollment Acceptance of Transfer Approval" (Exhibit No. 5116.1(3)). If you fail to sign the acceptance form by this date, the approval will automatically be rescinded.
- Please retain a copy of this application for your records. You may be asked to produce tis form when your child moves to intermediate and/or high school.
- All the conditions of transfer listed on the front and back of this application will apply once the transfer is approved and the student is enrolled at the school of choice.

IF, AFTER YOU SIGN THE OPEN ENROLLMENT ACCEPTANCE OF TRANSFER APPROVAL FORM AND YOU DECIDE FOR ANY REASON THAT YOU WISH FOR YOUR CHILD TO ATTEND SCHOOLS OTHER THAN THOSE LISTED ABOVE, YOU WILL NEED TO APPLY FOR ANOTHER TRANSFER.



EXHIBIT NO. 5116.1(2)

CONDITIONS OF OPEN ENROLLMENT TRANSFER - PLEASE READ

PARENT/GUARDIAN INITIALS REQUIRED

_____ Should transfer applications to attend a particular school exceed the capacity of that school, selection of students to enroll will be made through a random, unbiased process that prohibits an evaluation of whether any student should be enrolled based upon his or her academic or athletic performance. Students requiring special programs or classes will only be admitted to those schools offering such programs or classes on the basis of space availability. *All students, including transfer students, are subject to capping and busing/overflow.*

_____ In the case of school attendance boundary changes, approved transfers may be revoked and require reapplication.

_____ Parents/guardians will be responsible for providing daily transportation to and from the school of choice.

_____ Open enrollment transfers are no longer valid if any of the following conditions occur: (1) student moves out of the high school area they lived in when they were approved; (2) student dis-enrolls from the approved school or District; (3) student is transferred to another school due to disciplinary reasons; (4) student requires a specialized program that is not offered or available at the receiving school; (4) student no longer requires a special education program; (5) the parent applies for another intra-district transfer and it is approved by the Superintendent or designee; or (6) the specialized program that the student is enrolled in at the receiving school is moved to another school.

_____ Intradistrict transfers are valid for one school year. For a transfer valid for more than one year, the parent/guardian must apply for an Open Enrollment Transfer between the first day of school and November 1 of the preceding school year. Once a transfer is approved, the student may not return to his or her home school without applying for an additional transfer.

_____ **Once a transfer is accepted, the student may not return to his or her school of residence without applying for an additional transfer.**

_____ Athletic eligibility for students entering grades 7-12 who have accepted a transfer will be determined in accordance with Board Policy and Administrative Regulation No. 6145 – Co-Curricular and Extra-Curricular Activities. Authorization or approval by the District of an intradistrict transfer of students entering grades 7-12 does not result in the student obtaining eligibility for District interscholastic athletics. Please refer to Board Policy Administrative Regulation No. 6145 regarding the limits to and requirements for obtaining athletic eligibility upon the granting of an intradistrict transfer. Athletes awaiting appeal decisions cannot participate in any athletic activity unless the parent/guardian has signed the “To Practice Release” form. If the athlete is deemed ineligible, the athlete is to stop practice and turn in his/her athletic gear.

_____ If this transfer application is approved, student plans to file for an appeal for athletic eligibility (GRADES 7-12 ONLY):
 Yes No

FOR 7-12 BOUNDARY CHANGE SITUATIONS ONLY: My child’s transfer request is a result of a secondary boundary change which has caused different secondary attendance boundaries for each of my children. *As a result, I am requesting that my youngest child be moved to the same secondary school as my older child and that athletic eligibility be granted as defined in Board Policy and Administrative Regulation No. 6145.* Yes No

Older Sibling’s Name: _____ Current Grade: _____ Current School: _____

PARENT INFORMATION – ACCEPTANCE PROCESS

- This approved application and all enrollment documents must be presented to the approved school within 10 school days of the effective date listed above or the approval will be rescinded.
- All of the above mentioned conditions will apply once the transfer is accepted.
- **IN ORDER TO CONTINUE ENROLLMENT AT THE APPROVED SCHOOL FOR THE FOLLOWING SCHOOL YEAR, AN OPEN ENROLLMENT TRANSFER IS REQUIRED AS OUTLINED IN BOARD POLICY NO. 5116.1.**

PARENT INFORMATION – APPEAL PROCESS

You may appeal this decision within 10 days from the date of denial as stated above by submitting your appeal in writing to the Student Services and School Attendance Transfer Appeals Board. Appeals are to be mailed, emailed, faxed or dropped off to the address provided on page 1 of this Exhibit. You will be notified in writing of the results of your appeal.