



**KINDER REQUESTS WILL
 NOT BE CONSIDERED OR
 APPROVED UNTIL AFTER
 SEPTEMBER 5, 2023**

Alisal Union School District for 2023-24

155 Bardin Rd., Salinas, CA, 93905, (831)753-5700 Ext. 2011

Student Information (Please type or print clearly) Local ID # (office use) _____

Student's Last Name _____ First Name _____ MI _____ Date of Birth _____ Current IEP: Yes No
 (Special Education)

Street Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____
 Grade for Requested Year _____ **New or Renewal** School of Residence: Alisal, Bardin, Chávez, Creekside, Fremont, Frank Paul, Loya, MLK,
 Instructional Program: Bilingual, SEI, EO, Dual Immersion (TK-2 Only) One Way _____ Sánchez, Steinbeck, VRB, Monte Bella, AVA
 Sibling Data: If you have other students currently enrolled in the Alisal Union School District, please list them below.

Local ID # (Office Use)	Student Name	DOB	Grade for year Requested	Currently Enrolled at:	IEP	
					Yes/No	New/Renewal
					Yes/No	New/Renewal
					Yes/No	New/Renewal

Reason for request: _____

My signature below indicates that I have read and understand the following conditions:

This intradistrict request may be cancelled any time during the school year due to unsatisfactory attendance, tardiness, lack of academic progress, student behavior or class size (based on the Superintendent's or designee's decision). District will not provide transportation.

*According to BP 5118 transfer applications shall be submitted from, **January 1 through June 30** of the preceding school year for which the transfer is requested.*

I certify that the address given above is my current residence (Proof may be required).

Parent/Guardian Name (Please Print Clearly): _____

Parent/Guardian Signature: _____ **Date** _____

School of Choice: (Check only one. Check the appropriate for your choice)

- Alisal Bardin Chávez Creekside Fremont Frank Paul Loya
 MLK Sánchez Steinbeck VRB Monte Bella AVA

*PLEASE RETURN THIS FORM TO EDUCATIONAL SERVICES DEPARTMENT LOCATED AT 155 BARDIN Rd., SALINAS, CA 93905
 Or email to: angela.gutierrez@alisal.org*

For Official Use Only

- Approved (Sibling Approval Change of Address AUSD Employee)
 Denied (Insufficient Space Impacted SPED programs Behavior Grades Attendance Other)
 Waiting List

 Educational Services Signature Date Special Ed Signature (If Applicable) Date