INTRADISTRICT REQUEST

KINDER REQUESTS WILL NOT BE CONSIDERED OR APPROVED UNTIL AFTER SEPTEMBER 3, 2024.

Alisal Union School District for 2024-25

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

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

_____ Current IEP: ☐ Yes ☐ No
Student's Last Name First Name MI Date of Birth (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, Sánchez, Steinbeck, VRB, Monte Bella, AVA

Instructional Program: ☐ Bilingual, ☐ SEI, ☐ EO, ☐ Dual Immersion (TK-2 Only) ☐ One Way

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