School Transfer Option
Parent Request Form

Please complete the top half of this form and return to your child’s current school or to:
San Diego Unified School District
Neighborhood Schools and Enrollment Options Office  Attn: Marceline Marques
4100 Normal Street, Annex 12
San Diego, CA 92103-2682
(619) 260-2410 Telephone  (619) 725-7311 Fax

_____ I do not wish to consider a transfer for my child at this time.

_____ I would like to consider a transfer for my child.

_____ Please contact me regarding my options.

School Options Requested ________________________________________

Name of Parent/Guardian_________________________________________

Name of Student ________________________________________________

Address _______________________________________________________

Daytime Phone # ________________________________________________

Student’s Current School _________________________________________

I have read my rights concerning the transfer option for victims of violent crimes.

________________________________________ Date: _________________

Signature of Parent/Guardian

(For School Office use only)
Site Administrator________________________________ Phone____________ Email __________

Police Officer_________________________________________ Phone____________ Email __________

Schools mail or fax (619-725-7311) completed form to Neighborhood Schools and Enrollment Options Office, Eugene Brucker Education Center, Annex 12.

(For Neighborhood Schools and Enrollment Options Office use only)
Exercised Transfer Option:  □ YES  □ NO

If Yes, transferred from ____________________________ to ____________________________

Date transferred ____________________________

Attachment - 2

Revised 8.16