



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