

**TRAVIS UNIFIED SCHOOL DISTRICT**2751 De Ronde Drive
Fairfield, CA 94533**Intra-district Open Enrollment Request**Student Services (707) 437- 4604 x 1114 / Fax: (707) 437-254
syoun@travisusd.org

Grades TK-6 for _____ - _____ School Year

Date of Request: _____

1. Must complete on-line registration
2. Priority Lottery (by submission date)
3. Accepted in order of submission date & space availability
4. If approved, must confirm within three (3) school days or earlier as determined by district personnel

Student Information: Please print clearly or complete this form Online and then print.

Name of Student	Current Grade	Grade Requested	Birth Date	Present School or Last School Attended

Address: _____ City: _____ Zip: _____

Email: _____ Cell Ph: _____ Parent / Guardian Active Duty Military ☐ YES ☐ NO

► Requested School (one choice only): _____ School of Residence: _____

► If approved, transfer will be permanent until student completes the highest grade offered at that school

Reason: _____

Does your student have an ACTIVE IEP, SECTION 504 PLAN, and/or receive Other Services? ☐ YES ☐ NO

If YES, indicate student/services information below:

Name of Student	√ Check if applicable			Other (please specify type of services)
	Learning Center	Speech	Section 504 Plan	

NOTE: As a condition of your student being authorized to attend another school within the district, the student agrees to and shall meet the following requirements:

- Student will maintain a consistent pattern of attendance and punctuality (arriving and departing) as required by school district policy and the individual school requirements, including those set forth in the student handbooks.
- Student will follow all school district and individual school rules and class guidelines, including any set forth in student handbooks.
- Student will maintain satisfactory academic progress (grades, credits, etc.).
- Parent will be responsible for providing transportation to and from school.
- Approval of this request does not indicate approval to participate in extracurricular activities.
- An annual review will be conducted each spring to determine whether the student has met or not met the above requirements.

PRINT NAME OF STUDENT(S): _____

PRINT NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

FOR OFFICE USE ONLY				
Received in Office:		Requested & Resident School Approval:		Student Services:
Date	Initial	<input type="checkbox"/> Notified of request <input type="checkbox"/> Check for Space Available		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
				Signature
				Date
Comments: _____				