

SCHOOL CHOICE APPLICATION – SANTA SUSANA HIGH SCHOOL
FOR STUDENTS ENTERING GRADES 9 - 12
School Year 2010 – 2011

Office Use Only _____ Complete

This application is for students in grades 9 – 12 who wish to attend a school that is not their home or neighborhood school. Students already attending a school on a school-choice transfer do not need to complete this form unless they wish to change to a different school or return to their original home school.

Important information and directions for submitting this application are on the back of this form. When completed, return this form to **Santa Susana High School before February 26, 2010, 4:00 p.m.** A separate application must be submitted for each child in grades 9 – 12 for whom you are requesting a transfer. Please print the following information:

Student's Name _____ SVUSD Student I.D. # _____

Birth Date _____ Grade level for year of transfer (circle) 9 10 11 12

Home High School _____ School Presently Attending _____

The high school you wish to attend is **Santa Susana High School**. Santa Susana High School is a school of choice for students with an interest in the visual, fine, or performing arts, college prep academics, information technology, or a combination of those fields. *Please indicate below the emphasis area in which your student is most interested:*

The Arts _____ Academics _____ Information Technology _____

<p>If applicable, please circle any special program in which the student for whom you are seeking placement is <u>currently</u> enrolled. Special Education (has an IEP) ELL 504 Plan</p> <p>District Administration approval required _____ Date _____</p>

<p>If applicable, please circle any special program in which you know he/she <u>will be</u> enrolled.</p> <p align="center">Special Education ELL 504 Plan</p> <p>District Administration approval required _____ Date _____</p>

Priority placement may apply if you already have a child currently in attendance at Santa Susana High School. Please list below the full name(s) of students currently attending Santa Susana High School. Ref: B.P. 5116.1

Last Name _____ First _____ Grade _____ I.D. # _____

Parent/Guardian Name _____ Date _____

Address _____

Home Phone () _____ Street _____ City _____ Zip Code _____
 Work Phone () _____

My signature certifies that I have not falsified any information on the application form.

Parent/Guardian Name _____ Date _____

For School District Use Only
<p>Outcome of transfer request: _____ Approved _____ Waiting List _____ Denied</p> <p>School Administrator: _____ Date: _____</p>

INSTRUCTIONS

Applications submitted late to schools with waiting lists will be added to the bottom of the list in the order they are received. **Note: Attendance at Santa Susana High School is by school choice application only.**

All applications must be returned to the school of choice between February 1 and February 26, 2010, to be considered for openings. Only complete applications will be accepted. Late applicants will be placed on the school's waiting list.

1. If you are selected for the school of your choice, you will be notified by mail the first week of March.
2. Once a parent accepts placement in a school of choice, **the spot vacated at the neighborhood school will be given to another student. It is expected that students will complete a full year at the school of choice.**
3. Once the student has been accepted, he/she may attend the school of choice for the duration of his/her high school years without reapplying. A student may expect to continue attendance at that school unless the neighborhood enrollment increases beyond capacity or the student does not meet school expectations.
4. If a transfer from the school of choice is requested during the school year, this request must be put in writing and submitted to the principal. The request must include a reason for the transfer.
5. If you are not selected for the school of your choice, you will be placed on a waiting list for possible enrollment at a future date. Waiting lists at all secondary schools expire at the end of the first semester (end of January, 2011). If not accepted by the expiration date, you must reapply for the following school year.
6. Transportation is provided only for special education students whose Individual Education Plan requires it.
7. All applicants to Santa Susana High School will be interviewed regarding their area of interest as indicated on the application form. New students will be notified of an appointment for their interview.

DEFINITIONS

Grade: Please indicate the grade level of the student during the year this transfer is being requested. (i.e. 2010 – 2011 school year).

Home School: The school designated as your resident neighborhood school. (If uncertain, please check with your school office).

School of Choice: The school you wish your student to attend.