

**Santa Monica-Malibu Unified School District  
Intradistrict Open Enrollment Transfer Application**

**Part I: Application Process**

This application is for a student who resides within the boundaries of the Santa Monica-Malibu Unified School District (SMMUSD) who seeks to enroll in a school other than his/her school of residence.

*Application Process*

1. Complete the SMMUSD Intradistrict Open Enrollment Transfer Application. One application must be completed for each student requesting an intradistrict transfer.
2. Sign the completed SMMUSD Intradistrict Open Enrollment Transfer Application verifying you have reviewed and understand the terms and conditions for intradistrict permits.
3. Submit the completed application to SMMUSD. Incomplete or late applications will not be processed. Do not fax the application.

**Application Deadline: April 30, 2014**

**Submit to:**

**Santa Monica-Malibu Unified School District  
Student Services Department  
1651 16<sup>th</sup> Street  
Santa Monica, CA 90404**

**School Year: 2014 – 2015**

**Part II: To be completed by parent/guardian (Please print)**

Student Name (Last, First)		Birth Date	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School Requested		Grade Requested	Date of Request	
Current School of Attendance		SMMUSD School of Residence		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Other:	
Requesting an intradistrict transfer for one or more siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide the sibling information.				
Name of Sibling/Current School/Grade/ID: _____				
Name of Sibling/Current School/Grade/ID: _____				
One or more siblings (K – 12) attending a SMMUSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide the sibling information.				
Name of Sibling/Current School/Grade/ID: _____				
Name of Sibling/Current School/Grade/ID: _____				
Parent/Guardian Name		Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Email Address		Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Address		City & Zip Code		
My child currently receives Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what is the child's current placement?				
<input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day (SDC) <input type="checkbox"/> Non-Public School (NPS) <input type="checkbox"/> Assessment Pending				

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Part III: Terms and Conditions

Intradistrict permits are subject to the terms and conditions stipulated in SMMUSD Board Policy 5116.1.

- No student currently residing within a school's attendance area shall be displaced by another student transferring from outside the attendance area. Students residing within a school's attendance area shall have first priority for attending that school.
- Once a family has received an intradistrict permit, the receiving school shall be regarded as the home school of that family, and all siblings in the family may attend that school. The student shall remain in the school pathway.
- Transfer requests shall be processed using a random and unbiased selection process.
- Approval is subject to enrollment and space availability.
- The District retains the authority to maintain appropriate racial and ethnic balances at its schools.
- The Special Education Department will review all applications for students with an Individualized Education Plan (IEP). Approval is subject to program requirements and space availability.
- The parent/guardian is responsible for providing transportation to and from school.

#### Parent Acknowledgement & Signature

I have read and understand the terms and conditions and understand the regulations and policies governing intradistrict permits and hereby submit my application. I declare under penalty of perjury that the information provided is true and accurate. I understand the information provided is subject to verification and that the mere act of completing this application does not guarantee this request will be approved.

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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#### *For Office Use Only*

Approval:      ☐ Approved      ☐ Denied

Placement: \_\_\_\_\_

Administrator:    Dr. Mark O. Kelly  
                         Director of Student Services

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time Received:

Received by: \_\_\_\_\_