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**Boundary Change - Request for Intra Transfer 2021-2022**

The following form is for requests to change from your current Santa Rosa City School (SRCS) school of residence to another SRCS school (INTRA).

**PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 12.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade: \_\_\_\_\_\_\_\_\_\_\_ Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Considerations:

IEP? Yes \_\_\_\_ No \_\_\_\_ 504? Yes \_\_\_\_ No \_\_\_\_ Migrant Ed? Yes \_\_\_\_ No \_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| I certify that the information I have provided is true and accurate. Parent/Guardian Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE INDICATE YOUR CHOICE OF SCHOOL BELOW:**

 Cesar Chavez Language Academy (Previously Lawrence Cook MS)

 Parents must fill out this additional form indicating interest in CCLA:
 <http://srcschools.org/charterlottery>

 Hilliard Comstock Middle School

 Herbert Slater Middle School

 Rincon Valley Middle School

 Santa Rosa Middle School

 Learning House

**Please return to the SAFE Office by February 12.**

By mail: SAFE Office, 211 Ridgway Ave, Santa Rosa CA 95401

By email: ysilva@srcs.k12.ca.us



**Cambio de Escuela Residencial - Solicitud de Transferencia Intra 2021-2022**

El siguiente formulario es para las solicitudes para cambiar de su escuela de residencia actual de Santa Rosa City Schools (SRCS) a otra escuela SRCS (INTRA).

**POR FAVOR COMPLETE Y DEVUELVA ESTE FORMULARIO ANTES DEL 12 DE FEBRERO.**

Nombre de Alumno \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grado Actual \_\_\_\_\_\_\_\_\_\_\_\_\_ Escuela actual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consideraciones especiales:

IEP? Sí \_\_\_\_ No \_\_\_\_ 504? Sí \_\_\_\_ No \_\_\_\_ Trabajador migrante Ed**.**? Sí \_\_\_\_ No \_\_\_\_

Nombre de Padre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicilio de Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. \_\_\_\_\_\_\_\_\_\_\_\_\_

Telefono del Padre/Madre: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ Domicilio electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifico que la información que he proporcionado es verdadera y precisa.

Firma de Padre/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POR FAVOR INDIQUE SU ELECCIÓN DE ESCUELA A CONTINUAR:**

 Cesar Chavez Language Academy ( Anteriormente Lawrence Cook MS)

 Padres necesitan cumplir esta forma adicional indicando su interés en CCLA:
 <http://srcschools.org/charterlottery>

 Hilliard Comstock Middle School

 Herbert Slater Middle School

 Rincon Valley Middle School

 Santa Rosa Middle School

 Learning House (Aprendizaje en Casa)

**Por favor, regrese a la oficina de SAFE antes del 12 de febrero.**

Por correo: SAFE Office, 211 Ridgway Ave, Santa Rosa CA 95401

Por correo electrónico: ysilva@srcs.k12.ca.us