



2020-2021 Enrollment Options CHOICE APPLICATION*



FOR SCHOOL OFFICE USE ONLY!

Date/Time Received _____

Received by _____ Loc _____

NSEO Parent Contact _____

This application is only for NEW TO DISTRICT pupils enrolling in a school that is not the school of residence.

1 Student Contact Information – PLEASE PRINT CLEARLY!

Student's Name: _____ Birth Date ____/____/____ Sex: M F
Last First Middle mm / dd / yyyy

Home Address: _____
Number Street Apt. # City Zip Code

Grade Level _____ Neighborhood School _____
2020-21

Parent/Guardian Name _____ email _____

Preferred Phone Number _____ Secondary Phone Number _____

2 Identify School:

LIST THE ONE (1) SCHOOL (#1) YOU ARE APPLYING TO.

3 Complete the following:

- What language does your child most frequently use at home? _____

I have recently moved Student is new to San Diego Unified School District Student has an IEP Student has a 504 Plan

4 Parent/Guardian Signature:

The signature of a custodial parent/guardian is required for this application to be valid. By signing this form, I understand and agree that I have correctly listed all information on this application. Falsification may be cause for denial of requested school:

5 Scan to:

Alma Diaz, Administrative Aide.
San Diego Unified School District
Neighborhood Schools &
Enrollment Options Office
Email address: adiaz1@sandi.net
Voice: (619) 260-2410

Parent/Guardian Signature _____ Date _____

Student's Last Name

First Name

Middle