



# 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