



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.

Submit to: Santa Monica-Malibu Unified School District **School Year:** 2017 – 2018
 Student Services Department
 1651 16th Street
 Santa Monica, CA 90404

Deadline: April 28, 2017

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

Student Last Name	First Name	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? Yes 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? Yes 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: _____

