

Complete one form per student

# The San Bernardino City Unified School District REQUEST FOR CHANGE OF SCHOOL

Transportation is the responsibility of the parent

Request for the \_\_\_\_\_ School Year

Every effort is made to transfer a student under Board Policy No. 5116.1  
Request for Change of School (RCS) are granted ONLY if space is available.

**STOP—DO NOT USE THIS FORM IF YOU ARE REQUESTING ANY OF THE FOLLOWING PROGRAMS**

◆ Gate IB Programs ◆Magnet Program

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
LAST FIRST M.I.

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ (for requested school year) Retained?  Yes  No

Is this student in a Bilingual or Special Education Program?  Yes  No Program \_\_\_\_\_

Is student presently enrolled in a San Bernardino City School?  Yes  No If yes, which school \_\_\_\_\_

Has the student participated in C.I.F. Interscholastic sports? Grades 9-12  Yes  No

School/Sport \_\_\_\_\_

(Athletic eligibility must be determined by the Athletic Eligibility Committee)

I request that my child attend \_\_\_\_\_, instead of (home school) \_\_\_\_\_

Please check the reason that applies to your situation

\* **Safety/Bullying**

(All bullying cases will be referred to the Youth Services Office for intervention)

To continue at requested school after change of address. Former address if recently moved \_\_\_\_\_

Sibling, Name of Sibling(s) \_\_\_\_\_ Sibling (s)D.O.B. \_\_\_\_\_

Childcare (Please attach Daycare Placement Form)

Transportation.

Does Student Reside in a group home? Name of group home: \_\_\_\_\_

Is Student under Foster Care Placement

Other: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

\* Please read the terms and conditions on the back of this form before signing.

OFFICE USE ONLY

**District Guidelines for Transfer  
Board Policy No. 5117**

Every Effort is made to transfer a student under the following circumstances  
Board Policy 5116.1 states that the District desires to provide enrollment options that meet the diverse needs and interests of the District students. Priority for attendance outside of the students attendance area shall be given as follows.

1. Safety (ex. threats of bodily harm, threats to emotional stability of the student). Must have documentation to support a transfer under this priority. (E.C. 35160.5)
2. Siblings already in attendance at requested school
3. District Employee.
4. Childcare of elementary student. (Requested site must be the residence school for child care provider - A Day Care Placement form must be attached to RCS application).

All bullying issues will be referred to Youth Services for intervention.  
For more information please call: 909-880-6812)

If you have an address change during the school year, and you want your student to remain in the same school until graduating from elementary, middle, or high school, you will need to submit an RCS for the student to continue after moving to a different attendance area.

If you move during the school year and you want your student to remain at the school only to finish the current school year, you will need to contact the school regarding the Be Still Program. (for elementary students only)

Requests For Change of School (RCS) forms are approved ONLY if space is available at the school requested.

Transportation is the responsibility of the parent

Please read thoroughly before signing  
**IMPORTANT: TERMS & CONDITIONS**

*My signature on this document testifies to the truth and completeness of all facts stated. I understand that requests are considered under District guidelines and procedures and may not be granted if space is not available. I hereby agree that any transportation needs are the responsibility of the parent. Students are expected to maintain satisfactory grades, attendance and citizenship. Students who fail to meet these standards can and will have their RCS transfers revoked. The student will have to return to his or her school of residence. Any changes in conditions or circumstances stated must be reported to the principal of the school within (10) days.*

*If you are approved and accept another program this application will be voided.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENROLLMENT AND PLACEMENT SERVICES  
781 W. Second Street Ste A· San Bernardino, CA  
92410**

**(909) 889-7576**