School Site Use Only
Date/Time
Received _____

Fontana Unified School District

BOUNDARY CHANGE FORM

APPLICATIONS WILL BE ACCEPTED AT SCHOOL SITES ONLY

Due by December 7, 2018

STUDENT INFORMATION (PRINT ALL INFORMATION / ONE FORM PER STUDENT)

Last Name: _____ First Name: _____ Student # _____

Current School: _____ New School of Residence: _____

Grade in 2019-2020: _____ Date of Birth: _____ Foster Youth: ____ No ____ Yes

Spec. Ed (IEP): ___ No ___ Yes Program (circle): RSP SDC Speech Other _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ Zip: _____

Phone Numbers: Home ( ) - Cell ( )

_____ _____ _____

Date of Birth Grade in 2019-2020

CONDITIONS

I understand and comply with the following:

- x The district will not pay for transportation costs ;
- x If I elect for my child to remain at current school of attendance, I understand that at the end of the highest grade available at the current school site, my child will be enrolled at his/her middle/high school of residence;
- x I may cancel my request for my child to remain at his/her current school of residence at anytime, permitting space availabililty of my new school of residence;
- X I agree with the conditions of the permit stated above.

_____ _____

Date Parent/Guardian Signature

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The above named student is approved to attend _____. This permit is valid as long as the
Name of Approved School

student remains at the approved school and all conditions continue to be met.

_____ _____

Director, Child Welfare and Attendance Date

CWA 9/1 7/2018