
DEL MAR UNION SCHOOL DISTRICT

OPTION AREA REQUEST

For Grade _____ Male Female For School Year _____

Child's Name _____
Last, First Middle

Birth Date _____ Special Education Services? Yes No

Current School of Residence _____

School of Desired Attendance - First Choice _____

Second Choice _____

Third Choice _____

List Siblings:

Name	(Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female)	Age	Birth Date	School
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Name	(Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female)	Age	Birth Date	School
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Name	(Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female)	Age	Birth Date	School
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Parent/Guardian Name (*Please Print*) _____

Home Address _____

City and Zip _____ Email _____

Home Phone _____ Business or Cell Phone _____

Parent/Guardian Signature _____ Today's Date _____

The Governing Board retains the right to determine the capacity of each school in the District, the attendance boundaries of each school in the District, and the appropriate racial and ethnic balances as applicable by law. Please refer to Board Policies/Administrative Regulations 5111, 5116, and 5116.1.

Option Areas:

- *Designated areas where families have the option of attending their choice between two schools based on capacity available at each facility.*
- *Once a student is enrolled in an option area school they will have resident status at that school.*
- *The District will make every attempt to place children at these option partner schools. If there is no room at either school, a family may request any other school where there is space available.*

Please return this form to your child's current school of attendance.

Official Use Only: Received By _____ Date _____

Approve Director of _____
 Deny Student Services _____ Date _____

School of Placement _____ Start Date _____