

**CLAYTON VALLEY ATTENDANCE AREA - SCHOOL OPTION FORM
2013-14 SCHOOL YEAR
ONE APPLICATION PER STUDENT**

OFFICIAL USE ONLY		
Student No. _____		
Date Entered _____		
S _____	SA _____	E _____

The Mt. Diablo School board has approved a **"School Option"** for those students who live in the current Clayton Valley High School attendance area. Parents who live in this attendance area may choose to have their student(s), who will be in the 9th, 10th, 11th, or 12th grade next year, attend any school listed below. Forms are to be submitted for processing between October 1, 2012 and January 15, 2013 and will be processed based on space availability. NOTIFICATION will be made by April 30, 2013. Parents must complete and submit this "School Option" form to James W. Dent Education Center, Student Services Office, 1936 Carlotta Dr., Concord, CA 94519, by January 15, 2013. Once enrolled in the high school of choice, the student(s) can remain at this high school through grade 12.

Student _____
Last
First
Middle
Birthdate

Current School _____ Current Grade _____

Home Address _____

Parent/Guardian _____ Address (if different) _____

Parent/Guardian Phone No. _____
Home
Parent/Guardian work/cell phone

SCHOOL CHOICE: PLEASE INDICATE YOUR PRIORITY: Each school listed below must have a preference number. (1 being your first choice and 2, 3, 4, and 5 the last choice)

College Park High School _____	Northgate High School _____
Concord High School _____	Ygnacio Valley High School _____
Mt. Diablo High School _____	

Is student receiving Special Education or other Services? If yes, please check:
 Part-time Specialized Instruction (Resource Specialist program) Speech Therapy
 Full-time Specialized Instruction (Special Day Class) Section 504 Plan

Is a Sibling attending/applying to the requested school? YES NO Student name _____ Current grade _____

I declare that the information contained in this document is true, and I understand that falsification of information invalidates this request.

Date Signature of Parent/Guardian

DISTRICT ACTION:	Approved to _____ High School	School Term: 2013-2014 School Year
	_____ Signature of Student Services Administrator	_____ Date

SUBMIT TO STUDENT SERVICES AS SHOWN ABOVE