

CLAYTON VALLEY ATTENDANCE AREA - SCHOOL OPTION FORM
2012-2013 SCHOOL YEAR
Submit between February 9, 2012 – March 9, 2012
ONE APPLICATION PER STUDENT

The Mt. Diablo School board has approved a *“School Option”* for those parents 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. **Parents must complete and submit this “School Option” form to James W. Dent Education Center, Student Services Office, 1936 Carlotta Dr., Concord, CA 94519 between February 9 and March 9.** Once enrolled in the high school of choice, the student(s) will remain at this high school through grade 12.

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 _____	

Student _____

Last
First
Middle
Birthdate

Current School _____ Current Grade _____

Home Address _____

Parent/Guardian _____ Address (if different) _____

Parent/Guardian Phone No. _____

Home
Mother/Guardian work/cell phone
Father/Guardian work/cell phone

Is student receiving Special Education Services? If yes, please check:

- | | |
|------------------------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Part-time Specialized Instruction (Resource Specialist program) | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Full-time Specialized Instruction (Special Day Class) | |

Does the student have a Section 504 plan? YES NO

Is there 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 _____ Initial Term: 2012-2013 School year
High School

Student ID # _____

Signature of Student Services Administrator Date

SUBMIT TO STUDENT SERVICES BY MARCH 9, 2012