

**Fresno Unified School District
SPECIALTY AND MAGNET SCHOOL
TRANSFER REQUEST
2014-2015 School Year**

STUDENT _____ Yes/No
(Please Print) First Name Last Name Special Ed?
FUSD Student ID

Birth Date _____ Grade Level _____ Home Address (Student) _____ Zip _____
Requested

Student's Current School: _____

BP 5116.2: When there are more applicants than seats, students enrolled in FUSD will receive priority.

Choose up to two schools. Label 1 and 2

Elementary School	
Bullard Talent K-8	
Ewing Dual-Immersion K-6 <i>Indicate home language:</i> ___ Spanish ___ English <i>A student in the same household attends. Student's name:</i> _____	
Hamilton K-8	
Leavenworth Dual-Immersion K-6 <i>Indicate home language:</i> ___ Spanish ___ English <i>A student in the same household attends. Student's name:</i> _____	
Yokomi K-6 <i>Indicate parent/guardian work location:</i> _____	

Middle School	
Ahwahnee 7-8	
Baird 5-8	
Cooper Academy 6-8 ♦	
Computech 7-8 ♦	

High School	
Bullard Law 9-12	
Design Science 9-12 <i>Math Requirement, more information at the school</i>	
Duncan Polytechnical 9-12	
Edison Computech High 9-12 ♦	
Fresno High IB 9-12	
Hoover Magnet 9-12	
McLane Medical 9-12	
Roosevelt School of the Arts 9-12	
Sunnyside Doctor's Academy 9-12 ♦	

♦ Admission Criteria Schools ♦

Students are selected for admission to these schools based on academic admission criteria, which may include test scores, grades, writing samples, attendance, recommendations and/or personal interviews. An additional packet may be required to complete the applications process and is available on request.

Application and admission is not limited on the basis of race, color, national origin, sex, disability, sexual orientation, gender, ethnic group identification, ancestry, or color.

PARENT/GUARDIAN INFORMATION

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name (please print): _____

Home Phone _____ Daytime/Cell phone _____

I attest that all information on this form is true and accurate.

This form must be received in the Office of School Choice no later than December 2, 2013

Mail or deliver to: Office of School Choice/Transfers, Department of Prevention and Intervention
1350 M Street, Fresno, CA. 93721
or fax to: (559) 457-3375 (FUSD will not be responsible for faxes not received.)

For additional forms or information, please contact the Office of School Choice at 457-3343.