

Los Angeles Unified School District OFFICE OF SCHOOL DESIGN OPTIONS ZONES OF CHOICE OFFICE ONE-TIME TRANSFER (OTT) REQUEST 2019-2020

EFFECTIVE FALL 2019					
APPLICATION PERIOD: 04/08/19 - 05/03/19					

Transfer Permit from school to school within the RESIDENTIAL Zone of Choice

All students are encouraged to remain in the same school from 9th through 12th grade in order to maintain consistency in their instructional program. Students enrolled in a Zone of Choice high school are allowed a One-Time Transfer (OTT) between schools within the same zone of attendance during their four years of high school. <u>First-year students are not eligible for an OTT until they complete the school year</u>. All Requests will be reviewed and may be granted based on <u>eligibility requirements</u> and <u>space availability</u> in the respective grade level; and ensuring there is no disruption of the instructional program. Note: Athletic eligibility is <u>not granted</u> with this transfer.

Return completed form to current school of attendance. Note: Incomplete applications will NOT be processed.

			Zone of C	Zone of Choice		
Student Last Name		First Name	Middle Name	Date of Birth	Current Grade Level	
Home address (street address, include apartment #)		City		Zip Code		
Home Telephone No.			Alternate Telephone No.			
Parent Last Name		First Name	Email Address			
REQUEST TRANSFER FROM:						
_		Full school and ca	ampus name (e.g., School of Social Ju	ustice @ J. Smith High Scho	ol)	
REQUEST TRANSFER TO:						
	Full school and campus name (e.g., Music Academy @ Carver High School)					
Reason for Transfer Select reason for request and prov	vide details in the	e blank space below – I	REQUIRED.			
Academic Interest	🗌 Hardship	Medical	Sibling	Other		
I fully understand this permit is a One	e-Time Transfer al	llowance between schoo	ls in my residential Zone of Ch	noice during my child's	four years of high school.	
Parent Signature Date		Student Signature		Date		
		FOR OFFIC	CE USE ONLY			
SENDING SCHOOL Number of credits completed Comments	Numbe	er of Credits Pending	IEP/Eligibility (OF	IEP/Eligibility (OHI, RSP, SDC, etc.)		
Administrator's Signature Date					Date	
RECEIVING SCHOOL Decision	ed Administrat	tor's Signature			Date	
OFFICE OF SCHOOL DESIGN OPTIO						
Decision Granted Deni Reason for denial		or's Signature			Date	