

**MERCED CITY SCHOOL DISTRICT— SCHOOL OF CHOICE (SOC) APPLICATION**  
**ONE APPLICATION PER STUDENT** **DEADLINE: MAY 11, 2012**

Approval/Denial of this application may not occur before the end of the third week of the new school year. This means that your child must be registered and consistently attending their home school from the first day of school in order to remain eligible for an SOC.

**PARENT INFORMATION:**

Last:	First:	Contact Phone Number:
Street Address:		City & Zip Code:

**STUDENT INFORMATION:**

Last:	First:	Middle
( ) Male      ( ) Female	Grade in Fall:	Home School:

Is your child enrolled in a GATE program? ( ) Yes   ( ) No	Is your child enrolled in a Resource Program? ( ) Yes   ( ) No	Is your child enrolled in a Special Day Class? ( ) Yes   ( ) No	Is your child enrolled in a Montessori Program? ( ) Yes   ( ) No	If you marked 'yes' to any of the previous, your application will be forwarded to the appropriate department for processing.
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**FAMILY INFORMATION: (PLEASE LIST ALL CHILDREN IN THE FAMILY 13 YEARS AND YOUNGER)**

First and Last Name	Date of Birth	Grade in Fall (if applicable)

**SCHOOL OF CHOICE**

All assignments are governed by space limitations. Regular attendance and adherence to the rules of the school are necessary conditions for the continuance of this agreement. Your signature below indicates that information given is true. Any misrepresentations will result in the student being exited from the School of Choice Program. **Transportation is the responsibility of the parent.**

\* PLEASE INDICATE 1ST, 2ND, AND 3RD CHOICE \*

ELEMENTARY SCHOOLS			MIDDLE SCHOOLS
<input type="checkbox"/> BURBANK	<input type="checkbox"/> GRACEY	<input type="checkbox"/> SHEEHY	<input type="checkbox"/> CRUICKSHANK
<input type="checkbox"/> CHENOWETH	<input type="checkbox"/> MUIR	<input type="checkbox"/> STEFANI	<input type="checkbox"/> HOOVER
<input type="checkbox"/> FRANKLIN	<input type="checkbox"/> PETERSON	<input type="checkbox"/> STOWELL	<input type="checkbox"/> RIVERA
<input type="checkbox"/> GIVENS	<input type="checkbox"/> REYES	<input type="checkbox"/> WRIGHT	<input type="checkbox"/> TENAYA
<input type="checkbox"/> FREMONT CHARTER SCHOOL (REQUIRES STANDARDIZED DRESS AND PARENT INVOLVEMENT)			

Parent/Guardian Signature:	Date:
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<i>For Office Use Only:</i>	Lottery Number:
Date Received: _____	Approved ( )      Denied ( )

Administrator's Signature:	Date:
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