



# Hollister School District

## Intra-District Request Form for 2017-2018

(Please print or type all information)

Student LAST NAME	Student FIRST NAME	Date of Birth	2016-17 grade	2017-18 grade	Primary Language
1.					
2.					
3.					
Neighborhood School:		Current School:		Requesting School:	
<input type="checkbox"/> Speech	<input type="checkbox"/> RSP	<input type="checkbox"/> SDC	<input type="checkbox"/> K-8	<input type="checkbox"/> HDLA	<input type="checkbox"/> AAA
<input type="checkbox"/> Check if enrolled in SPECIAL EDUCATION					

### PARENT INFORMATION (Print)

Parent/Guardian Name:		
Address:		
City:	State:	Zip:
Home #:	Work #:	Message #:
Mailing Address (If Applicable):		
City:	State:	Zip:

### Reasons for Requesting Change (Required)


Signature of Parent (Required)	Date

**ATTENTION PARENTS:**

The District will not provide transportation for students assigned to a school that is not the district approved school of their neighborhood.

**ASSIGNMENT REQUESTS GRANTED BASED ON LOTTERY NUMBERS AND SPACE AVAILABILITY ONLY**

**ASSIGNMENTS ON:**

1. First Assignment 6/9/2017
2. Second Assignment 8/21/2017
3. Final Assignment 9/9/2017