



WRIGHT ELEMENTARY SCHOOL DISTRICT

4385 Price Avenue, Santa Rosa, CA 95407

Ph: (707) 542-0550 Fx: (707) 577-7962

www.wrightesd.org

Effective School Year: 20__ - 20__ School of Residence: _____ Desired School: _____

Student Name: _____ DOB: _____ Grade: _____

Services (IEP, Speech, 504 plan, etc.): _____ New Student Continuing

Student Name: _____ DOB: _____ Grade: _____

Services (IEP, Speech, 504 plan, etc.): _____ New Student Continuing

Student Name: _____ DOB: _____ Grade: _____

Services (IEP, Speech, 504 plan, etc.): _____ New Student Continuing

Reason for request: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____

I understand that if approved, my child(ren) may attend contingent upon continued space available in the school of desired attendance and that my child(ren) may be displaced by students actually residing within the established boundaries for this school. Further, I understand that it is my responsibility to provide transportation for my children to and from my school of choice. I certify that the information provided above is true and correct.

Parent/Guardian Signature: _____ Date: _____

Please note: If transfer request is denied due to a lack of space available, you may be offered an opportunity to enroll at another WESD school.

For School Use Only

_____ Approved

_____ Denied Reason: _____

Principal Signature: _____ Date: _____

Intradistrict Coordinator Signature: _____ Date: _____