Request to Change Elementary School for the Next School Year
for currently enrolled SUSD students

Request to Change Elementary Schools for Grades 1-5:
To request a change of elementary school for the upcoming Fall of the next school year, complete this form and return between **FEBRUARY 1st and MARCH 1st** to your school office or the district office. If space becomes available at the requested elementary school, your child will be transferred for the upcoming school year. As a currently enrolled student, your child will have higher priority over new-to-district students who begin registration in March. We will notify you in June with the transfer status.

**Moving or Disenrolling:**
If you are moving within the school district boundaries, please download/complete the Address Change Form posted at saratogausd.org/addresschange. If you will be moving out of the district or disenrolling, please email the Registrar at registration@saratogausd.org as soon as possible. Your timely notice is greatly appreciated as we plan for staffing and enrollment for the next school year.

Complete this form **ONLY if you are requesting your child be placed at a different elementary school next fall.** If your child is continuing at the same school or moving onto Redwood Middle School, you do not need to return this form. Questions? Email registration@saratogausd.org or call (408) 867-3424, ext. 0.

Student’s Full Name: ________________________________  Next Year Grade: _________

Student Birthday: ____ / _____ / _________  Current School and Grade: __________, ________

For the _______–__________ school year, I am requesting my child be transferred to:

Circle your new school request. Placement is based on space availability.

Argonaut School  Foothill School  Saratoga School

Reason for Transfer Request: __________________________________________________________

__________________________________________________________________________________

Parent Guardian Name(s), please print: __________________________________________________

Parent/Guardian Signature:______________________________  Date: ______________

Parent/Guardian Signature:______________________________  Date: ______________

Parent Email and Phone Number: ______________________________________________________

Return this form between **February 1 and March 1** to the district office or your school office.