



**Paghirang ng Pipiliing Paaralan  
Kasagutan ng Magulang**

Pakiusap na tapusin ang itaas na bahagi ng papel na ito at ibalik sa kasalukuyang paaralan ng inyong anak o sa:

San Diego Unified School District  
Neighborhood Schools and Enrollment Options Office, Attn: Marceline Marques  
4100 Normal Street, Annex 12  
San Diego, CA 92103  
619-260-2410 Telephone 619-725-7311 Fax

\_\_\_\_\_ Hindi ko nais na mabigyan ng paglipat ang aking anak sa ngayon

\_\_\_\_\_ Nais kong mabigyan ng paglipat ang aking anak

\_\_\_\_\_ Tawagan ako sa aking magiging pasiya

Hihilinging Pipiliing Paaralan \_\_\_\_\_

Pangalan ng Magulang/Tagapag-alaga \_\_\_\_\_

Pangalan ng Mag-aaral \_\_\_\_\_

Tirahan \_\_\_\_\_

Telepono sa araw \_\_\_\_\_

Kasalukuyang Paaralan ng Mag-aaral \_\_\_\_\_

Nabasa ko ang aking mga karapatan sa paglipat na pipiliin ng mga biktima ng marahas na krimen.

Lagda ng Magulang/Tagapag-alaga:

\_\_\_\_\_ Petsa: \_\_\_\_\_

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**(For School Office use only)**

Site Administrator \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Police Officer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

*Schools mail or fax (619-725-7311) completed form to Neighborhood Schools and Enrollment Options, Eugene Brucker Education Center, Annex 12.*

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Exercised Transfer Option:  YES  NO

If **Yes**, transferred from \_\_\_\_\_ to \_\_\_\_\_

Date transferred \_\_\_\_\_