EL DORADO UNION HIGH SCHOOL DISTRICT

LIMITED OPEN ENROLLMENT TRANSFER REQUEST INTO EL DORADO H.S., PONDEROSA H.S. OR UNION MINE H.S. FOR 2027-28 SCHOOL YEAR FOR INCOMING 9TH GRADERS

Incoming 9th grade students requesting permission to attend El Dorado High School, Ponderosa High School or Union Mine High School as part of the Limited Open Enrollment process for the 2027-28 school year must reside within the El Dorado Union High School District attendance boundary. This *Transfer Request* form may be hand-delivered or submitted electronically to the El Dorado Union High School District Office, located at 4675 Missouri Flat Road, Placerville. Staff will note the date and time each form is received. **Forms must be submitted during the enrollment period, from December 1, 2026 through January 29, 2027. The EDUHSD office is open weekdays from 8:00 a.m. to 4:00 p.m.** (Note: Forms cannot be submitted in-person December 21, 2026 through January 1, 2027.) **Transfer forms received after the deadline will not be accepted.** Directions and forms may be obtained on-line at the EDUHSD website. The District will perform a computer-generated randomized selection if applications submitted surpasses the Board approved number of openings at each site. All applicants submitting a transfer request will be notified of the results by Mid-February 2027. To submit your transfer request electronically, please print, complete and email to amaiello@eduhsd.net.

SUBMISSION PERIOD: December 1, 2026 – January 29, 2027, 8:00 a.m. - 4:00 p.m.

— FAMILIES MAY SUBMIT ONLY ONE TRANSFER REQUEST —

NAME OF STUDENT ATTENDING HIGH SCHOOL IN 2027-28	CURRENT GRADE	DATE OF BIRTH
NAME OF STUDENT ATTENDING HIGH SCHOOL IN 2027-28	CURRENT GRADE	DATE OF BIRTH

ADDRESS OF RESIDENCE	EMAIL ADDRESS
	MIDDLE SCHOOL ATTENDED
REQUESTED HIGH SCHOOL FOR 2027-28 SCHOOL YEAR	☐ EDHS ☐ PHS ☐ UMHS
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	

HOME PHONE	WORK PHONE	CELL PHONE

Please check (X) those that apply and fill in requested information:

☐ Is there a sibling who has attended El Dorado, Ponderosa, or Union Mine in the past two years or is already attending El Dorado, Ponderosa, or Union Mine High School who will continue to attend in 2027-28?

Please list the sibling(s) names(s) and grades(s) to the right:

SIBLING NAME	GRADE

☐ Parent works at El Dorado, Ponderosa, or Union Mine as main place of employment

Special Education students are eligible for limited open enrollment transfers. An IEP team may need to approve transfers.

☐ Does the student have an active IEP? ☐ Does the student have an active 504 Plan?

Note—Parents will be responsible for providing transportation to and from school for students receiving a Limited Open Enrollment Transfer.

PARENT NAME (PRINT)	PARENT SIGNATURE

5116.2B2 10/27/11; Rev. 10/30/19, 11/16/20, 11/17/21, 1/26/22, 3/14/22, 10/4/22, 10/16/23, 10/29/24, 12/1/25, 8/10/2026, 11/16/2026

El Dorado Union High School District Transfer Acknowledgment and Consent Form

Our signatures below acknowledge that I / we have read and agree to the **Board Policies and Administrative Regulations regarding Interdistrict / Intradistrict Attendance / Transfers** *(AR 5116, AR/BP 5116.1, AR/BP 5116.2, AR/BP 5117)***.** Furthermore, I / we understand all Athletic rules, including those pertaining to eligibility, if applicable. I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the student, and any other family member, personal representative, assign heir, trustee, or guardian to the terms of this Agreement.

ALL FIELDS MUST BE COMPLETED
(PLEASE PRINT)

STUDENT NAME:	DATE OF BIRTH:	GRADE:
PARENT/GUARDIAN NAME:	DATE:	

(READ EACH ITEM BELOW AND INITIAL)

I UNDERSTAND AND ACKNOWLEDGE THAT:	**PARENT / GUARDIAN**	**STUDENT**
1. I/we understand that only one (1) transfer shall be granted per school year. I acknowledge that if I decide to return to my home school, I must do so at the beginning of a new semester.		
2. I/we reside at the address listed on the request. As defined in CIF Constitution and Bylaws, "reside" is defined as the student and family, with all of their personal items, live full time at the address provided. For students of divorced or separated parents, the student must reside at least 50% of the time at the address provided. The district may request a copy of a divorce decree or legal order indicating the physical custody status of the student as verification.		
3. I/we understand that we are required to submit proof of residence and a new transfer request if there is a change of residence address.		
4. I/we understand that transportation shall not be provided for students living outside of the residence attendance area.		
5. I/we understand that all transfers are subject to revocation due to attendance, academic progress and/or behavior.		
6. I/we understand that any false or misleading information provided to support a transfer request will be grounds to deny, revoke or not renew.		
7. I/we understand that all transfers shall be granted for the entire duration of the student's high school career by EDUHSD, unless another district requires resubmission or other arrangements are made.		

Acknowledgment for Parents of Student Athletes

(READ EACH ITEM BELOW AND INITIAL)

I UNDERSTAND AND ACKNOWLEDGE THAT:	**PARENT / GUARDIAN**	**STUDENT**
1. I understand that transferring to another school site may affect my student's ability to participate in CIF sanctioned athletics at the new school. I recognize and acknowledge possible CIF sanctions that may include, but are not limited to: Sit out periods, which could result in my student missing ½ of their season of sport or more at the new school. I also understand that the El Dorado Union High School District has no say in CIF decisions and there is no recourse or appeal to the district.		
2. I understand that CIF may impose sanctions of up to a two-year sit out period for athletes whose parents provide false or misleading information regarding residency or to gain transfer to another school.		
3. I/we understand CIF rules apply regarding athletic eligibility. For more information, please visit www.cifsjs.org. Parents of transferring student athletes should meet with the Athletic Director of the requested school site prior to submitting the transfer request so you are fully aware of possible ramifications of the transfer, including possible CIF imposed sit out periods or loss of eligibility. By initialing, you acknowledge that you have either met / spoke with the Athletic Director or are aware of this recommendation but have conscientiously elected not to, against EDUHSD recommendation.		

STUDENT SIGNATURE: **X**	DATE:
PARENT/GUARDIAN SIGNATURE: **X**	DATE: