MEM-5443.3 February 13, 2012 ATTACHMENT A

## 2012-2013

## APPLICATION FOR TRANSFER TO A SCHOOL FOR ADVANCED STUDIES (SAS) Application period is from April 9 through May 9, 2012.

Transportation is not provided.

For students who are residents of LAUSD only. The entrance level to these programs is from grades K–12. Processing is dependent upon accurate and complete information.

Birth date	Ple	ease P	RINT i	INK	and fill	out	com	plete	<b>y.</b> C	on	nplet	ed	appli	cation	shoul	d be s	ubmi	tted	to tl	ne SA	S Sch	100	l of C	hoice.	
II. Last Name				$\top$	T	Τ		T	T	Т			T									Π	$\top$	$\top$	$\top$
Birth date	I.	SAS	Sch	o loc	f Cho	oice	(5	SAS	site	to	wh	icl	h stu	ident	is ap	plyi	ng)								
Birth date		$\top$	$\top$	T	$\top$	T			Π			T		1		Ī	T	Т				T			
Student's Grade Next School Year [ ] 1. American Indian/Alaskan Native [ ] 5. White, not Latino [ ] 5. White, not Latino [ ] 6. Filipino [ ] 7. Pacific Islander Please provide supportive documentation and check one of the following:	II.	Las	t Nar	ne										First	Nan	ne									Initia
Student's Grade Next School Year [ ] 2. Asian [ ] 3. Black, not Latino [ ] 6. Filipino [ ] 7. Pacific Islander Please provide supportive documentation and check one of the following:										S	tude	ent													
Student's Grade Next School Year [ ] 3. Black, not Latino [ ] 6. Filipino [ ] 7. Pacific Islander  Please provide supportive documentation and check one of the following:				mont	h day		yea	ır		[					dian/A	Alaska	n Nati	ve							
Please provide supportive documentation and check one of the following:   Percentile Scores   CST Scaled Scores   Indicate total score in Reading   Or English-Language Arts   and Mathematics   State math content subject (Grade 8 and above)    Student meets ALL FOUR critical-thinking and problem-solving skills criteria. Yes   No   (Complete reverse side, Is student identified as gifted/talented? Yes   No		Stuc	lant'e (	Grade	Novt 9	cho	al V	oor		[					atino									Latin	0
Indicate total score in Reading or English-Language Arts and Mathematics State math content subject (Grade 8 and above)  Student meets ALL FOUR critical-thinking and problem-solving skills criteria. Yes No (Complete reverse side. Is student identified as gifted/falented? Yes No Category of Identification  II. School of Attendance  V. Parent/Guardian Last Name First Name Initia  III. Area Code Home Phone Area Code Work or Emergency Phone  VIII. Area Code Home Phone Area Code Work or Emergency Phone  VIII. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  C. Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.		Otac	iont 3	oi au c	INOX! C	,01101	01 1			L	1	J. 1	Diack	, not L	atmo									ander	
State math content subject (Grade 8 and above)  Student meets ALL FOUR critical-thinking and problem-solving skills criteria. YesNo(Complete reverse side, Is student identified as gifted/talented? YesNoCategory of Identification  III. School of Attendance  III. School of Attendance  V. Parent/Guardian Last Name First Name Initia  III. Area Code Home Phone Area Code Work or Emergency Phone  III. Area Code Home Phone Area Code Work or Emergency Phone  III. Signature of Parent/Guardian  (Signature of Administrator (or designee) of Current School of Attendance.  Date  X. Signature of Administrator (or designee) of Current School of Choice.  (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.					2.75											_									cores
Student meets ALL FOUR critical-thinking and problem-solving skills criteria. YesNo (Complete reverse side. Is student identified as gifted/talented? YesNo Category of Identification																					natics			_	
II. School of Attendance  V. Parent/Guardian Last Name First Name Initia  V. Home Address Apt. /Unit No.  VII. City ZIP Code  VIII. Area Code Home Phone Area Code Work or Emergency Phone  VIII. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  X. Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  BY POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.																						_		_	
Category of Identification  II. School of Attendance  V. Parent/Guardian Last Name First Name Initia  // Home Address Apt. /Unit No.  // Lotity ZIP Code  // II. Area Code Home Phone Area Code Work or Emergency Phone  // III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance.  (Signature acknowledges request to transfer.)  AVERAGE OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  BY POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.										_	-			solvin	g skill	s crit	eria.	Yes_		No_	(C	om	plete	revers	e side.)
III. School of Attendance  V. Parent/Guardian Last Name First Name Initia  III. Home Address Apt. /Unit No.  III. City ZIP Code  III. Area Code Home Phone Area Code Work or Emergency Phone  III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  A. Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  BY POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.		IS S	tudent	identi	tied as	gift	ed/ta	alente	d? `	Ye	S	_ 1	No		atog	25/0	f Ido	ntifi	cat	ion					
V. Parent/Guardian Last Name First Name Initia  // Home Address Apt. /Unit No.  // Lotty ZIP Code  // Lotty ZIP Code  // Lotty ZIP Code  // Lotty Date  // L						$\top$			Т	Т		$\top$			atego	Jiyo	Tue	T	cai	1011	Т	Т			
V. Parent/Guardian Last Name First Name Initia  // Home Address Apt. /Unit No.  // Lotty ZIP Code  // Lotty ZIP Code  // Lotty ZIP Code  // Lotty Date  // L		Sob		E A 44.								_													
//. Home Address  Apt. /Unit No.  //I. City  ZIP Code  //II. Area Code Home Phone Area Code Work or Emergency Phone  //III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  Application of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  BY POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	ш.	Sch	0010	Atte	enda	nce	(		_	_		$\top$				_	_	_				$\overline{}$			
//. Home Address  Apt. /Unit No.  //I. City  ZIP Code  //II. Area Code Home Phone Area Code Work or Emergency Phone  //III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  Application of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  BY POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.				т.	Ь.	Ц,								1								$\perp$			
/II. Area Code Home Phone Area Code Work or Emergency Phone /III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  ZIP Code  Work or Emergency Phone  /III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  AS Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  BY POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	IV.	Pare	ent/G	uard	ian L	ast	Na	ıme	_	_		_		First	Nam	ne		_	_			_			Initia
/II. Area Code Home Phone Area Code Work or Emergency Phone /III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  ZIP Code  Work or Emergency Phone  /III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  Date  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  AS Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVED APPLICATION DENIED WAITING-LIST NUMBER  BY POSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.																						$\perp$			
/II. Area Code Home Phone	V.	Hom	e Ad	dres	s	_			_	_		_						-				A	pt.	/Unit	No.
/II. Area Code Home Phone																						$\perp$			
/III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  Date  X. Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	VI.	City								_		_					,			ZIP	Cod	le			
/III. Signature of Parent/Guardian (Signature acknowledges awareness that the SAS program does not provide transportation services.)  X. Signature of Administrator (or designee) of Current School of Attendance. (Signature acknowledges request to transfer.)  Date  X. Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.							-													_					
X. Signature of Administrator (or designee) of Current School of Attendance.  (Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges request to transfer.)  Date  X. Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	VII.	Area	Coc	le Ho	ome F	Pho	ne						A	rea	Code	е	W	ork	or	Eme	erge	nc	су Р	hone	Э
X. Signature of Administrator (or designee) of Current School of Attendance.  (Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges request to transfer.)  Date  X. Signature of Administrator (or designee) of SAS School of Choice. (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school).  APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	VIII	. Sia	natui	e of	Pare	nt/C	≩ua	ırdia	n																
(Signature acknowledges request to transfer.)  C. Signature of Administrator (or designee) of SAS School of Choice.  (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school). APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.										rog	ram c	does	not p	rovide t	ranspo	rtation	service	es.)			Date	ð			
(Signature acknowledges request to transfer.)  C. Signature of Administrator (or designee) of SAS School of Choice.  (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school). APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.																									
K. Signature of Administrator (or designee) of SAS School of Choice.  (Signature acknowledges receipt of application.)  - OVER -  FOR OFFICE USE ONLY (Receiving school). APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	IX.								gne	e)	of C	urr	ent S	Schoo	l of A	ttend	lance				Date	2			
FOR OFFICE USE ONLY (Receiving school). APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.		(Signa	ture ack	nowled	lges req	uest to	o trai	nsfer.)																	
FOR OFFICE USE ONLY (Receiving school). APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.										_															
FOR OFFICE USE ONLY (Receiving school). APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	X.										of S	AS	Sch	ool of	Choi	ce.					Date	ò			
FOR OFFICE USE ONLY (Receiving school). APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION_  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.		(Signa	ture ack	nowled	ges rece	eipt of	app	lication	1.)														- (	OVE	R -
APPLICATION APPROVEDAPPLICATION DENIEDWAITING-LIST NUMBER  BYPOSITION  DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.	FC	OR O	FFIC	FUS	E ON	II Y	(R	ecei	vinc	1 9	ch	00	1)						_			-	- (	JVL	-
BYPOSITION DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.													,	ONE					<b>X</b> 7 .4	10013		I.C.	T 2 1 -	13.45	ED
DUPLICATE APPLICATION BACK-TO-BACK BEFORE DISTRIBUTING.			PLIC	ATIC	IN AF	PR(	JV.	ED _		A	PPL	IC.	ATI	ON D	ENII	ED _		\	NΑ	IIIN	G-L	IS	INU	JMBI	ER
	B																								
Page 1 of 2			D	UPLI	CAT	EΑ	PP	LICA	TIC	N					CK	BEF	ORE	DI	ST	RIBL	JTIN	IG			

MEM-5443.3

Office of Curriculum, Instruction and School Support

February 13, 2012

ATTACHMENT A

MEM-5443.3 February 13, 2012

## **APPLICATION PROCESS**

The application must be completed and signed by the parent/guardian and the principal/designee of the school of attendance, and submitted to the SAS school of choice. It is recommended that a brief interview and review of work samples for very young children be included to complete a student profile for appropriate educational placement. The teacher or administrator familiar with student's eligibility must also sign the application (see below).

## **CRITERIA**

SAS sites are open to applicants currently in grades Pre-K-11 who reside within the LAUSD boundaries. Students who demonstrate superior academic achievement may apply. These applicants must meet one of the following:

- 1. Students currently on the magnet waiting list for gifted/high-ability or highly gifted magnet centers are eligible.
- 2. Students identified as gifted/talented in the intellectual, high achievement, or specific academic categories are eligible.
- 3. Students who have national percentile scores of 85 or above on standardized achievement tests in both total reading and total mathematics.

4.	Students who have scaled scores on th	e California Standards Test (CST) as follows:	
	A scaled score of 445 or above i	English-Language Arts, grades 2–11 and	
	A scaled score of 450 or above i		
		or grades 8 and above in one of the following math content etry; Integrated Math I, II, or III; High School Summative M	latl
5.	Students who demonstrate mastery of their primary language:	all four of the critical-thinking and problem-solving skills in	
	depth and complexity.	ips among facts, information or concepts that demonstrate ns and elaborate on the information.	
	Use alternative methods in app	roaching new or unfamiliar mathematical problems.	
	Use extensive vocabulary easil	y and accurately to express creative ideas.	
VE	<b>ERIFICATION</b> (Only a teacher or adr	ninistrator can verify a student's achievement.)	
	int Name of Staff		
Ve	rifying data:	Title:	
Sig	gnature:	Date:	
Scl	hool:	Phone: ( )	
Scl	hool Address		
(if	private):		
Cit	ty/State:	ZIP Code:	
		Page 2 of 2	

MEM-5443.3

Office of Curriculum, Instruction and School Support

February 13, 2012