



September 15, 2021

TO: Parents/Guardians of Students Interested in the Tinsley Voluntary Transfer Program

FROM: Joy Dardenelle, Tinsley Transfer Administrator

SUBJECT: **Application for Tinsley Student Transfer for August 2022**

Attached is the application form for the Tinsley Voluntary Transfer Program. Only students who will enter kindergarten, first or second grade in **August of 2022** may apply.

- Follow all instructions and complete all items, except where options or choices are offered.
- Use a separate form for each student. (In sections 7 and 8, there are places to list the names of other children in your immediate family who are already in the program or who are also applying at this time.)
- The application form must be received (or postmarked, if sent by mail) by **November 15, 2021**. □ Late applications will be accepted until **February 2, 2022** with transfers offered only on a space available basis. (Exception: students moving into the area after **December 2, 2021** have 60 days from their date of arrival to apply, however, they may be placed on a waiting list if spaces are not available.) *You will receive notification from us that we have received your application.*
- Be certain about the choices you make. Students can only be assigned to the districts you list in Section 6.
- If your student is offered a transfer, you will be required to provide proof of residence.
- Once granted, it will **not** be necessary to reapply for a transfer each year. However, families must apply for each child.
- Transportation will be provided on buses for elementary school students.
- Return all applications by US MAIL to:

**Joy Dardenelle, Tinsley Program Administrator  
San Mateo County Office of Education  
101 Twin Dolphin Drive  
Redwood City, CA 94065-1064**

Applicants will be notified of the action taken on their applications by December 15, 2021. Students who apply and are *not* accepted may submit a new application each year up until the year before entering second grade.

If you have any questions, call Elvira Tapia at (650) 802-5312 or Christian Morales-Aponte (650) 802-5307.

Attachment

**APPLICATION FOR STUDENT TRANSFER  
TINSLEY VOLUNTARY TRANSFER PROGRAM  
For School Year Beginning August 2022**

**1. STUDENT INFORMATION**

Provide complete information below on the student who is applying for transfer.

NAME: \_\_\_\_\_  
*Student's Last Name                      First Name                      Middle Name/Initial*

ADDRESS: \_\_\_\_\_  
*Street                                              City                                              Zip Code*

STUDENT'S BIRTH DATE: \_\_\_\_\_  
*Month                      Day                      Year*

STUDENT IS:                      MALE                       FEMALE

**2. STUDENT'S CURRENT DISTRICT AND SCHOOL**

Name the district and school the student currently attends. If the student has not yet begun kindergarten, enter "NONE."

DISTRICT \_\_\_\_\_ SCHOOL \_\_\_\_\_

**3. STUDENT'S CURRENT GRADE LEVEL**

Check below the student's current grade level (grade the student began in August of 2021). This transfer is only for students entering kindergarten, first or second grade in *August of 2022*.

NOT YET BEGUN KINDERGARTEN                       FIRST GRADE   
KINDERGARTEN

**4. STUDENT'S MINORITY OR NON-MINORITY STATUS**

Check one and only one of the groups below.

ALASKAN NATIVE	<input type="checkbox"/>	FILIPINO	<input type="checkbox"/>
AMERICAN INDIAN	<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>
ASIAN	<input type="checkbox"/>	PACIFIC ISLANDER	<input type="checkbox"/>
BLACK-AFRICAN AMERICAN	<input type="checkbox"/>	CAUCASIAN/WHITE*	<input type="checkbox"/>

\*A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**5. PARENT/GUARDIAN INFORMATION**

**Provide complete information below on the person who can be contacted regarding this application. (Note: The work phone number, cell phone and email are optional.)**

NAME OF PERSON COMPLETING THIS FORM:

\_\_\_\_\_ *Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Name/Initial*

RELATIONSHIP TO STUDENT WHO IS APPLYING (check one):

MOTHER  FATHER  OTHER (describe\*)  \_\_\_\_\_

*\*Note: If you checked "other," please explain why you are applying for this student:*

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip Code*

HOME PHONE \_\_\_\_\_ *Area Code* \_\_\_\_\_ *Number*

WORK PHONE \_\_\_\_\_ *Area Code* \_\_\_\_\_ *Number*  
(Optional)

E-MAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
(Optional) (Optional)

**OPTIONAL: IF THERE IS ANOTHER PERSON WE CAN CONTACT REGARDING THIS APPLICATION, (IN THE EVENT WE CANNOT REACH YOU) PLEASE COMPLETE THE SECTION BELOW.**

NAME \_\_\_\_\_ *Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Name/Initial*

ADDRESS \_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip Code*

RELATIONSHIP TO STUDENT (e.g., father, grandparent, aunt, uncle, etc.) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ *Area Code* \_\_\_\_\_ *Number*

WORK PHONE \_\_\_\_\_ *Area Code* \_\_\_\_\_ *Number*  
(Optional)

E-MAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
(Optional) (Optional)

**6. TRANSFER PREFERENCES**

Complete either Section 6A or 6B below, but NOT both.

**6.A. TRANSFER OUT OF RAVENSWOOD CITY SCHOOL DISTRICT**

Minority students who live in the Ravenswood City School District may apply for a transfer to any of the six following districts:

LAS LOMITAS  
MENLO PARK  
PALO ALTO

PORTOLA VALLEY  
SAN CARLOS  
WOODSIDE

Enter below in order of preference the district or districts to which the student will accept a transfer, if a transfer is offered. Place your first choice on line #1, your second choice on line #2, your third choice on line #3, etc. You must list at least one choice, and you may list as many as you like, up to six.

Please note that a student can only be assigned to a district that is listed and will not be assigned to a district that you have not listed. Therefore, if you list only one or two districts and those districts are filled, we will not be able to offer the student a transfer. However, only list districts you desire your student to attend.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**6.B. TRANSFER INTO RAVENSWOOD CITY SCHOOL DISTRICT**

Non-minority students may apply for a transfer into the Ravenswood City School District if they live in one of the eight school districts listed below:

BELMONT-REDWOOD SHORES

PORTOLA VALLEY

LAS LOMITAS

REDWOOD CITY

MENLO PARK

SAN CARLOS

PALO ALTO

WOODSIDE

If you wish to apply for a transfer into the Ravenswood School District, indicate so by checking the box below.

**YES, I wish to apply for a student transfer into the Ravenswood City School District.**

**7. FAMILIES WITH CHILDREN ALREADY IN THE TINSLEY PROGRAM**

Complete this section *only* if you have other children already in the Tinsley Program. If other children in your immediate family are already attending school on a Tinsley Transfer, please list their names, schools, grade levels and relationship to the student who is now applying.

<b>NAME</b>	<b>SCHOOL</b>	<b>GRADE LEVEL</b>	<b>RELATIONSHIP</b> <i>(e.g., brother, sister, cousin, etc.)</i>

**8. FAMILIES WITH TWO OR MORE CHILDREN APPLYING THIS YEAR**

Complete this section *only* if you have other children who are applying this year.

Whenever possible, two or more applicants from the same immediate family will be placed in the same school district.

If you have two or more children applying for the Tinsley Program *at this time*, please complete the section below.

OTHER CHILDREN ALSO APPLYING AT THIS TIME:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**REMEMBER: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH CHILD APPLYING FOR A TINSLEY TRANSFER.**

**9. ASSURANCE**

**Please check to make certain that you have fully completed the application. Then, read, sign and date the "Assurance" section below, as indicated.**

I recognize that failure to complete ALL sections of this application may cause it to be delayed or rejected. Any deliberate falsification of an application shall be grounds for its rejection.

By December 15, 2021, offers of transfer will be made to applicants; at that time each applicant offered a transfer will be required to submit acceptable proof of residence. If proof of residence is not provided, the transfer will not be granted.

\_\_\_\_\_  
*Printed or typed name of parent/guardian*

\_\_\_\_\_  
*Signature of parent/guardian* \_\_\_\_\_ *Date*

Return this completed application by November 15, 2021. Applications sent after November 15, 2021 will be accepted until February 2, 2022 with transfers made *only* if spaces are still available, after all earlier applicants have been placed.

**Exception:** Students who move into the area after December 2, 2021 have 60 days after their arrival to apply, however, they may be placed on a waiting list if spaces are not available.

If you have any questions, call Emma Tapia (650) 802-5312 or Christian Morales-Aponte (650) 802-5307.

RETURN THE COMPLETED APPLICATION BY **US MAIL** TO:

**Joy Dardenelle, Administrator  
Timley Voluntary Transfer Program  
San Mateo County Office of Education  
101 Twin Dolphin Drive  
Redwood City, CA 94065-1064**

**NOTE:** Notify us immediately if you have a change of address or phone number after you submit this application. If you do not provide us with your current address and phone number, we will not be able to communicate with you about your transfer request.

***Proof of residence will be required once a transfer is offered. See page 7 for residence requirements.***

*The San Mateo County Office of Education does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age or disability.*

**NOTE:  
DETACH THIS PAGE AND SAVE  
FOR FUTURE REFERENCE**

**1. KEY DATES:**

<b>November 15, 2021</b>	Deadline for “early” applications.
<b>December 15, 2021</b>	Early applicants will receive transfer offers by December 15. Applicants have 45 days to accept or decline the offer.
<b>February 2, 2022</b>	February 2 is the final deadline for applications. There is one exception: students who move into the area after December 2, 2021, will have 60 days from their arrival to apply, however, they may be placed on a waiting list if spaces are not available.
<b>April 1, 2022</b>	Districts will assign transfer students to schools
<b>May 2, 2022</b>	May 2 is the registration deadline for transfer students
<b>August 2022</b>	Transfer students begin school in their districts

- 2. We will send you a letter stating that we have received your application. If you do not receive this letter within 10 days after you submit your application, please call or Elvira Tapia at (650) 802-4112 or Christian Morales-Aponte at (650) 802-5307.**
- 3. If you change your address or telephone number, please notify us immediately. We must have your current address and telephone number in order to process your application.**
- 4. Please send all correspondence to:**

Joy Dardenelle, Administrator  
Tinsley Voluntary Transfer Program  
San Mateo County Office of Education  
101 Twin Dolphin Drive  
Redwood City, CA 94065-1064

**DO NOT RETURN THIS PAGE  
WITH YOUR APPLICATION**

# San Mateo County Office of Education Tinsley Transfer Acceptance Process

If offered a transfer, the following documents are *required* and *must* be provided to the County Office of Education by **February 2, 2022**. **THERE WILL BE NO EXCEPTIONS.**

- Completed and Signed **Form 1: Acceptance Form** (Yellow)
- Completed and Signed **Form 2: Parent/Guardian Information Sheet** (White)
- Completed and Signed **Form 3: Student Information Form** (Green)
- Completed and Signed **Form 4: Home Language Survey** (Blue)
- Completed **Form 5: Proof of Address** (this form; see below)

Check one and *only one* of the groups below to identify required documents for your living situation.

## Homeowner • 2 Documents Required

- 1 2021-2022 Property Tax Bill *(fk Jh Add]Mbhj]bLa Y'UbX'UXX'Yggj'*
- 2 Current Month's PG&E Bill *or* Water Bill *(fk Jh Add]Mbhj]bLa Y'UbX'UXX'Yggj'*

## Renter • 2 Documents Required

- 1 Current Lease Agreement *(k Jh Homeowner or Manager]Yfgj]Vub]UM]bZcfa U]cb' & g] [bYX'k Jh] b H.Y' Ugh% & a cbh]g*
- 2 Current Month's PG&E Bill *or* Water Bill *(fk Jh Add]Mbhj]bLa Y'UbX'UXX'Yggj'*

## Renter with Expired Lease • 3 Documents Required

- 1 Expired Lease Agreement *(fk Jh Homeowner or Manager]Yfgj]Vub]UM]bZcfa U]cb' & Add]Mbhj]bLa Y'UbX'UXX'Yggj'*
- 2 Letter from Homeowner *or* Manager *(a i gh]bW]de Landlord/Manager's contact information and must indicate that Applicant is a current resident with a month-to-month lease)*
- 3 Current Month's PG&E Bill *or* Water Bill *(fk Jh Add]Mbhj]bLa Y'UbX'UXX'Yggj'*

## Living in Other Family's Residence

### 5 Documents Required

- 1 Notarized Affidavit *(g] [bYX'Vm]k- ca Yck bYf#F YbhYf and Add]Mbh- W'ci f'cZ]W'Zcf'Ub'UZZXUj]h]Zcfa)*
- 2 Homeowner *or* Renter: 2021-2022 Property Tax Bill *or* Current Lease Agreement
- 3 Homeowner *or* Renter: Current Month's PG&E Bill *or* Water Bill *(with their] bLa Y'UbX'UXX'Yggj'*
- 4 + 5 Applicant: Two of the following:
  - DMV Vehicle Registration
  - Bank Statement
  - Medical Bill
  - Voter Registration Card
  - Employer paystub
  - W-2 tax form
  - PG&E Bill
  - Water Bill*(must be current with Applicant's name and address)*