



Application for School Choice Transfer

Submission Deadline: May 1st

Uniformed Service families are exempt from the deadline

School Choice Transfer Type (please choose one)

Public School Choice <input type="checkbox"/> (District to District)	Opportunity School Choice <input type="checkbox"/> <ul style="list-style-type: none"> School to School within the Same District District to District <i>if</i> the Resident District is in need of Level 5 Intensive Support
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Section A – Student Applicant Information

Date: _____

Student Name: _____ Grade: _____

Date of Birth: _____ Sex: Female Male

Is the applicant currently suspended, expelled, or been recommended for expulsion pending a hearing? Yes No

If yes, date of expulsion _____ (if applicable)

Please indicate race/ethnic origin:

2 or More Races <input type="checkbox"/>	Asian <input type="checkbox"/>	Native Hawaiian/Pacific Islander <input type="checkbox"/>
Hispanic/Latino <input type="checkbox"/>	Native American/Native Alaskan <input type="checkbox"/>	
White <input type="checkbox"/>	African American <input type="checkbox"/>	

Please list the student’s siblings or stepsiblings currently attending the nonresident school district:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Section B – Parent or Guardian Information

Parent Name: _____ Phone number: _____

Home Address: _____ City: _____ Zip Code: _____

E-mail Address: _____

Parent/Guardian Signature: _____

Current active-duty uniformed service member? Yes No (If no, skip to section C; If yes, please submit military transfer orders that include the date of arrival, parent/guardian name, and proof of residency to both resident and non-resident school districts along with both sections of this form completed.)

Section C – Resident School or District of Applicant

District and School Name: _____ County: _____

Address: _____

City: _____ Zip: _____ Phone Number: _____

Resident District use only

Date and Time Reviewed by District _____ LEA# _____

Student ID # _____ District Personnel Name _____

Signature _____ Title _____

Application status: Accepted ____ or Rejected ____ (indicate reason for rejection)

- Rejection due to a federal court desegregation order

If rejected, parent notified by: Staff Name _____

Date/Time Received: _____
(place date and time stamp here)

Section D – Non-Resident School or District of Applicant
(please write one school and/or district name)

District and School Name: _____ County: _____

Address: _____

City: _____ Zip: _____ Phone Number: _____

Non-Resident District use only

Date and Time Reviewed by District _____ LEA# _____

Student ID # _____ District Personnel Name _____

Signature _____ Title _____

Application status: Accepted ____ or Rejected ____ (indicate reason for rejection)

- Rejection due to capacity (Max student-to-teacher ratio)
- Rejection due to a federal court desegregation order

If rejected, parent notified by: Staff Name _____

Date/Time Received: _____
(place date and time stamp here)