



# Application for School Choice Transfer

Submission Deadline: May 1<sup>st</sup>

Uniformed Service families are exempt from the deadline

## School Choice Transfer Type (please choose one)

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

## 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)