



Name of Student (Last, First, MI): _____

2017-18 Grade Level: _____ Date of Birth: _____ Student ID Number: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Contact Phone: _____

Parent/Guardian Email Address: _____

Present School: _____ Resident School and District: _____

SCHOOL REQUESTED: _____ (Only one application per student will be accepted.)

REASON FOR REQUEST:

- DISTRICT EMPLOYEE – Name and Location _____
- SIBLING – List any siblings attending requested school in 2017-2018 _____
- EDUCATIONAL PROGRAM – Program Name _____
- HARDSHIP – Describe Briefly _____
- OTHER – Describe Briefly _____

❖ Is this student currently receiving Special Education Services (IEP)? Yes___ No___ 504 Plan? Yes___ No___
(Student Support Services involvement is required for all changes in placement)

Note: Please initial next to each of the following to indicate that you have read and agree.

- ____ Parent/guardian will be responsible for arranging transportation to and from the requested school.
- ____ Parent/guardian understands the general Choice Enrollment Procedures listed on the back.
- ____ Parent/guardian understands Choice Enrollment may be revoked at any point for the following reason(s):
 - Excessive tardiness or absences
 - Increased enrollment at requested school causing overcrowding in school, grade, or program

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Employee Verification: Date: _____ Confirmed: Yes ___ No ___ Notes: _____

Sibling Verification: Date: _____ Confirmed: Yes ___ No ___ Notes: _____

Request Approved: _____ Denied _____ If Denied, reason why: _____

Signature of CHOICE & Student Release Specialist _____ Date: _____

Copies: White – Business Office Yellow – Choice School Pink – Parent/Guardian Form No. 5116.4