



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 () (District to District)	Opportunity School Choice () School to School within the Same District or District to District if 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 ()	Asian ()	Native Hawaiian/Pacific Islander ()
Hispanic/Latino ()	Native American/Native Alaskan ()	
White ()	African American ()	

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 this form.)

Section C – Resident School 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 () (due to a desegregation order of a federal court)

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

Section D – Non-Resident School 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)