

School Choice Application
Enrollment for the 2009 — 2010 School Year
Deadline for Application is Wednesday, January 14, 2009 in the Receiving District

The student must be registered in their School of Residence before submitting a Choice application.
A separate application must be completed for each student.

Please Print

1. Public School District you are applying to for Choice: _____

State Student ID#						
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>						
District Use Only						

2. Student's Name — From Birth Certificate:

Last name	First	Middle	Birth Date: - -
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Sex: Female Male **Race/Ethnicity:** 1 American Indian 2 African American 3 Asian 4 Hispanic 5 White

3. Parent/Guardian/Relative Caregiver Name:

Last name	First	MI
Street address		
City	State	ZIP
Home telephone		Work telephone

Check if above address is different from that on file at school.
 If your child were to attend school in the district you live in, enter the name of the school he/she would attend. →

4. Public School District in which you live: **Resident School**

5. School Presently Attending: Public Non-Public Grade attending in 2008-09
 Grade to attend in 2009-10

6. Are you applying for Kindergarten? No Yes
 Check with the school district(s) to which you are applying to determine other kindergarten information.

7. School(s) you are applying to in priority order:

1st Choice

2nd Choice

3rd Choice

Acceptance Status
<input type="checkbox"/> Invite <input type="checkbox"/> Waiting <input type="checkbox"/> Not Accepted
<input type="checkbox"/> Invite <input type="checkbox"/> Waiting <input type="checkbox"/> Not Accepted
<input type="checkbox"/> Invite <input type="checkbox"/> Waiting <input type="checkbox"/> Not Accepted
District Use Only

Please NOTE: → Both sides of this form MUST be completed.

District Use Only		
Date Request Received: _____	Date Request Withdrawn: _____	Date Student Notified: _____
Date Invitation Accepted/Refused: _____	School: _____	Grade _____
Good Cause Application _____		

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8. Program Desired (if applicable):

9. Does your child require handicap accessibility? No Yes

10. Is your child currently receiving special education services? If yes, a copy of the IEP MUST be attached. No Yes

11. What Language does your child usually use at home other than English?

Does your child need English as a Second Language services? No Yes

12. Does the student have any brothers or sisters attending the same choice school in 2008-09 and continuing in 2009-10? If yes, please complete the following:

Last name	First	MI	Birth Date:	School	Grade
Last name	First	MI	Birth Date:	School	Grade

13. Does the student have any brothers or sisters applying to the same choice school(s)? If yes, please complete the following:

Last name	First	MI	Birth Date:	School	Grade
Last name	First	MI	Birth Date:	School	Grade

14. Is your choice request due to child-care needs? No Yes If yes, please complete the following:

Child-care Provider: Not all Districts use this as a criteria for admission.

Last name	First	MI			
Street address					
City	State	ZIP	Telephone		

15. Parent, Guardian or Relative Caregiver Date: _____
 Signature _____

(Signing this form authorizes the School District access to this student's records for purposes of evaluating this application)