SCHOOL CHOICE REQUEST FORM
SCHOOL CHOICE WEEK: April 25 – April 29, 2016

THIS FORM MUST BE RECEIVED AT THE BOARD OF EDUCATION CENTRAL OFFICE BY 4:00 P.M. ON FRIDAY, APRIL 29, 2016

Name of Student: _____ Race: _____

Name of School student attended during the **2015-2016** school term: _____

Circle Grade the child will be in: Kindergarten First Second Third Fourth

Parent / Legal Guardian: _____

911 Address: _____
Number Street

Mailing Address: _____
(If different from 911 address)
_____
City State Zip

Daytime Phone #: _____

Circle the school that your child is **currently** zoned to attend:

Elcan-King John Johnson Jones Wheat Potter Street West Bainbridge Elementary

I request that my child be assigned to **Grade** _____ in the following school(s) for the 2016-2017 school year. I have listed the schools in order of my preference:

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Does your child receive any special education services? _____ Yes _____ No

Additionally, I will be completing application forms for my other child(ren) who reside at the same address. They are: _____

I have been given a copy of the School Choice guidelines and agree to comply with the procedures and guidelines set forth in the School Choice Plan.

_____ _____
Parent / Legal Guardian Signature Date