

# Public School Choice Transfer Application

Pursuant to A.C.A. § 6-18-1901 et seq.

## SECTION 1: STUDENT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level for Requested Year: \_\_\_\_\_

School Year of Requested Transfer: 20 \_\_\_\_ - 20 \_\_\_\_

Current School Attending: \_\_\_\_\_

Current District (Resident District): \_\_\_\_\_

Is the student currently under expulsion?  Yes  No

Is the student currently under consideration for expulsion?  Yes  No

*This question is for informational purposes. Student cannot be denied unless expelled.*

## SECTION 2: INTERDISTRICT TRANSFER REQUEST

School Requested: \_\_\_\_\_

District of Requested School: \_\_\_\_\_

## SECTION 3: INTRADISTRICT TRANSFER REQUEST

School Requested: \_\_\_\_\_



## SECTION 4: FAMILY INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the student have a sibling currently attending the requested school?

Yes  No

Does the student have a parent or guardian who is a:

- Uniformed service member in full-time active duty status  Yes  No
- Surviving spouse of a uniformed service member  Yes  No
- Reserve component uniformed service member during the period six months before six months after a Title 10 or Title 32 of the United States Code or state active duty mobilization.  Yes  No

## SECTION 5: ATTESTATIONS

- I understand that transportation is not provided unless otherwise agreed upon.
- I understand that my child must comply with the student code of conduct and attendance policies.
- I understand this application does not guarantee approval and that I will be notified in writing.
- I understand that if accepted, I will be given a deadline by which to enroll.

Signature of  Parent  Guardian  Student (if age 18+):

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## SECTION 6: DISTRICT USE ONLY

Method of Submission:

Regular Mail       Email       Hand Delivery

Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(For district use: Date/Time Stamp Upon Receipt)

Receiving School / District Review:

Application Accepted     Application Rejected

Reason for Rejection (check all that apply):

Lack of capacity (documented)     Application incomplete  
 Application received after June 1 deadline     Other: \_\_\_\_\_

Notification sent to applicant on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enrollment deadline if accepted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

District Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

