

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
or recommendation for expulsion? Yes No

This question is for informational purposes and cannot be basis for denial.

SECTION 2: INTERDISTRICT TRANSFER REQUEST

(from resident district to another district)

School Requested: _____

District of Requested School: _____

SECTION 3: INTRADISTRICT TRANSFER REQUEST

(to another school in the resident district)

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

Receiving District:

Date Submitted: _____

Time Submitted: _____

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: _____ / _____ / _____

Resident District (if interdistrict transfer):

Date Received: _____

Time Received: _____

District Official Name: _____ Title: _____

Signature: _____ Date: _____ / _____ / _____

