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: _____/_____/_____