

APPLICATION FOR SCHOOL CHOICE TRANSFER

(Deadline for submission is May 1, unless the student is eligible for School Choice for Military Families)

23-24

TYPE OF SCHOOL CHOICE TRANSFER REQUESTED

Public School Choice Act of 2015 Opportunity School Choice Act

NOTE: Applications for the Public School Choice Act of 2015 must be sent to the resident and nonresident districts. Applications for the Opportunity School Choice Act must be sent to the resident district, the nonresident district, and the Division of Elementary and Secondary Education.

If you are unsure which type of school choice best applies, please review the FAQ following this form for information about the different types of school choice that may be available to your student.

SIBLING INFORMATION

If applying for a transfer under the Public School Choice Act, does the applicant have a sibling or step-sibling already attending the nonresident district listed in this application pursuant to the Public School Choice Act? If so, please list:

Sibling Name:		Sibling Grade in 23-24		Sibling Campus in 23-24	
Sibling Name:		Sibling Grade in 23-24		Sibling Campus in 23-24	
Sibling Name:		Sibling Grade in 23-24		Sibling Campus in 23-24	
Sibling Name:		Sibling Grade in 23-24		Sibling Campus in 23-24	

APPLICANT INFORMATION

Student Name: _____ Grade in 23-24: _____

Student Date of Birth: _____ Gender: Male Female:

Is the applicant currently expelled? Yes No

MILITARY FAMILY INFORMATION

Does the applicant have a parent or guardian who is an active-duty member of the military who has been transferred to and resides on a military base? If so, please state the date of the parent's or guardian's arrival on the military base:

Yes No Date: _____

NOTE: In order to take advantage of school choice options available to military families who have recently transferred to a military base, you must submit military transfer orders and proof of residency on the military base to the resident and nonresident school districts.

RACE OR ETHNIC ORIGIN (CHECK ONE)

This information is collected for data reporting purposes only, pursuant to Ark. Code Ann. §6-18-227(f)(2)(B).

2 or More Races: <input type="checkbox"/>	Asian: <input type="checkbox"/>	African American: <input type="checkbox"/>
Hispanic: <input type="checkbox"/>	Native American/ Native Alaskan: <input type="checkbox"/>	Native Hawaiian/ Pacific Islander: <input type="checkbox"/>
White: <input type="checkbox"/>		

RESIDENT SCHOOL AND SCHOOL DISTRICT OF APPLICANT

District/School Name:	County Name
Other District Not Listed In Dropdown Box:	Other County Not Listed in Dropdown Box:
District Address:	Address Not Listed In Dropdown Box:
District Phone:	Phone Not Listed In Dropdown Box:

NONRESIDENT SCHOOL/SCHOOL DISTRICT APPLICANT WISHES TO ATTEND

District/School Name: <i>Batesville School District</i>	County Name: <i>Independence</i>
Address: <i>955 Water Street, Suite C., Batesville, AR 72501</i>	
Phone: <i>870-793-6831 x 1003</i>	

PARENT OR GUARDIAN INFORMATION

Name:	Home/Cell Phone:
Physical Address:	Work Phone:
Mailing Address:	ZIP CODE:
Valid Email Address:	
Parent/Guardian Signature: /s/	Date:

DISTRICT USE ONLY

Date & Time Received by Nonresident District:
Date and Time Received by Resident District:
Resident District LEA #:
Nonresident District LEA#: <i>3201</i>
Student's State Identification #:
Application: Accepted: <input type="checkbox"/> Rejected: <input type="checkbox"/>
Reason for Rejection:
Date Notification Sent to Resident District:
Date Notification Sent to Parent/Guardian of Applicant:

Notes: