

**Instruction**

**Exhibit - Application for School Choice Transfer Option**

The federal No Child Left Behind Act requires schools identified as needing improvement to offer parents the chance to transfer their children to another public school within the District that is making AYP. Your child's school will participate in this school choice program. To apply for a school choice transfer, please complete and mail the attached form no later than \_\_\_\_\_, addressed to:

\_\_\_\_\_  
If we do not receive this form postmarked by this date, your child will stay in his/her current school.

The school choice transfer is available only to the following choice recipient schools. Please rank the schools according to your preference using the numeral "1" for the school you most want your child to attend.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Current School*

While the District wants to accommodate every transfer request, it may not be possible depending on the number of requests. The following order determines which requests will receive priority:

- Students not meeting performance standards in reading **and** math who are eligible for the federal Free Breakfast or Lunch Program.
- Students not meeting performance standards in reading **or** math who are eligible for the federal Free Breakfast or Lunch Program.
- Students not meeting performance standards in reading **and** math who are eligible for the federal Reduced Breakfast or Lunch program.
- Students not meeting performance standards in reading **or** math who are eligible for the federal Reduced Breakfast or Lunch Program.
- Students not meeting performance standards in reading **and** math.
- Student not meeting performance standards in reading **or** math.
- Students eligible for free or reduced breakfast **or** lunch programs.
- Any other students based on performance standards.

Child Name ( <i>Please print</i> )	School	Grade or Year
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Address \_\_\_\_\_

YES	NO	My child is eligible for the federal Free Breakfast or Lunch program (eligibility criteria is attached).
YES	NO	My child is eligible for the federal Reduced Breakfast or Lunch program (eligibility criteria is attached).

Parent/Guardian Name ( <i>Please print</i> )	Parent/Guardian Signature	Date
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Telephone number \_\_\_\_\_ Other contact information \_\_\_\_\_

Please call us at \_\_\_\_\_ if you have questions about the school choice transfer option.

ADOPTED: October 10, 2007