PRAIRIE GROVE SCHOOLS

APPLICATION FOR SCHOOL CHOICE TRANSFER

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

TYPE OF SCHOOL CHOICE TRANSFER REQUESTED				
Public School Choice Act of 2015 Opport	unity School Choice Act	_		
NOTE: Application for the Public-School Choice Act of 2015 must be sent t Applications for the Opportunity School Choice Act must be sent to the re Division of Elementary and Secondary Education.				
SIBLING INFORMATION				
If applying for a transfer under the Public-School Choice Act, does the app attending the nonresident district listed in this application pursuant to the If so, please list:	· · · · · · · · · · · · · · · · · · ·	oling already		
APPLICANT INFORMATION				
Student Name:	Grade for next school year:			
Student Date of Birth:	Gender: Male			
Is the applicant currently expelled?	Yes	No		
Does the student have special needs or require special programs:	Yes	No		
IEP 504 Plan Speech ALE or Alternative Documentation may be requested by the Non-Resident District.	Education Dyslexia	Other		
Is the applicant interested in Athletics eligibility for grades 9 th -12 th	Yes	No		
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 White African-American Asian Hispanic				
Native American/Native Alaskan Native Haw	aiian/Pacific Islander			
MILITARY FAMILY INFORMATION				
Does the applicant have a parent or guardian who is an active-duty men and resides on a military base? If so, please state the date of the parent'	-			
Note: In order to take advantage of school choice options available to m and military base, you must submit military transfer orders and proof of and nonresident school districts.		-		

RESIDENT SCHOOL OF APPLICANT			
District and School Name:			
Address:			
Phone:			
NONRESIDENT SCHOOL/APPLICANT WISHES TO ATTEND			
NONKESIDENT SCHOOL/AFFEICANT WISHES TO AFFEIND			
District and School Name:			Co
Name:			
Address:			
Phone:			
PARENT OR GUARDIAN INFORMATION			
Name:	Home Phone:		
Address:	Work Phone:		
Parent/Guardian Signature	Date:		
DISTRICT USE ONLY			
Date and Time Received by Nonresident District:			
Nonresident District LEA #:			
Date and Time Received by Resident District:			
Resident District LEA #:			
Student's State Identification #:	Assented	Deiostad	
Application:	Accepted	Rejected	
Reason for Rejection (If Applicable):			
Date Notification sent to resident District and Parent/Guardian of A	Applicant:		