

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 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:

APPLICANT INFORMATION

Student Name: _____ Grade: _____

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:

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 and School Name: _____ County Name: _____

Address: _____

Phone: _____

NONRESIDENT SCHOOL/SCHOOL DISTRICT APPLICANT WISHES TO ATTEND

District and School Name: _____ County Name: _____
White Hall School District Jefferson

Address: _____
1020 West Holland / White Hall, Arkansas 71602

Phone: _____
870-247-2002

PARENT OR GUARDIAN INFORMATION

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Parent/Guardian Signature _____ Date: _____

DISTRICT USE ONLY

Date and Time Received by Nonresident District: _____

Date and Time Received by Resident District: _____

Resident District LEA #: _____

Nonresident District LEA#: 3510

Student's State Identification #: _____

Application: _____ Accepted Rejected

Reason for Rejection (If Applicable): _____

Date Notification Sent to Resident District and Parent/Guardian of Applicant: _____