



SCHOOL ATTENDANCE AREAS

CHOICE ENROLLMENT DUE TO ADMINISTRATIVELY TRANSFERRED SIBLINGS

(Please Print)

For School Year: _____ Date: _____

CHILD'S LAST NAME CHILD'S FIRST NAME

ADDRESS PHONE

Grade Level of Student for school year: _____

Home Attendance School: _____
(School child should attend according to residence)

School Requesting to Attend _____

Sibling Name: _____

Attending School: _____ by Administrative Transfer

I understand the procedures governing in-district transfers include the following:

- The administration will determine those centers in which space is available;
- Any child living in the attendance area shall have a priority claim on the available space;
- A pupil must attend a chosen attendance center for a complete academic year, unless that pupil's parent, guardian, or custodian moves;
- Once the student has been placed in a building, that attendance center will be considered the "home attendance center" placement of the child for the student's remaining elementary school career;

Signature of Parent or Guardian: _____

Date: _____

-----Office use only-----

Principal's Signature (Home Attendance School): _____

Principal's Signature (School requested): _____

THIS FORM IS TO BE COMPLETED AND RETURNED TO HOME ATTENDANCE AREA PRINCIPAL.