



**SCHOOL ATTENDANCE AREAS**

**CHOICE ENROLLMENT**

(Please Print)

School Year \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
CHILD'S LAST NAME

\_\_\_\_\_  
CHILD'S FIRST NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

Grade Level of Student for \_\_\_\_\_ school year \_\_\_\_\_ grade

Home Attendance Area \_\_\_\_\_  
(School child should attend according to residence)

Principal's Signature \_\_\_\_\_

School Requesting to Attend \_\_\_\_\_

Principal's Signature \_\_\_\_\_

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

- a. The administration will determine those centers in which space is available;
- b. A pupil must attend a chosen attendance center for a complete academic year, unless that pupil's parent, guardian, or custodian moves;
- c. 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;
- d. The child living in the attendance area shall have a priority claim on the available space;
- e. The parent, guardian, or custodian furnishes necessary transportation; and
- f. Student punctuality and attendance are the responsibility of parent, guardian, or custodians.

REASON(S) FOR IN-DISTRICT TRANSFER:

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

\_\_\_\_\_  
Signature of Parent or Guardian