

**APPLICATION FOR IN-DISTRICT SCHOOL OF CHOICE
MIDDLE SCHOOL
2015 - 2016 SCHOOL YEAR**

- PLEASE PRINT -

Student must be registered in the Taylor School District to apply.

STUDENT NAME: _____

BIRTHDATE: _____

HOME ADDRESS: _____

Yes _____ No _____ Is this address on file at Pupil Accounting?

Yes _____ No _____ **Is your child receiving Special Education Services?**

CONTACT INFO: HOME # _____

WORK # _____

CELL # _____

E-MAIL _____

REQUESTED SCHOOL: _____	GRADE: _____
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ATTENDANCE AREA – MIDDLE SCHOOL (HOME SCHOOL) _____

SCHOOL CURRENTLY ATTENDING (IF NOT SAME AS HOME SCHOOL) _____

Does a sibling of this student or another student at this same address currently attend the requested school? Yes _____ No _____ If yes, please fill out below.

Name of Student:

Current Grade:

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NOTE: **Priority will be given in an effort to keep siblings together when possible. If more applications are received than spots available, a random lottery will be conducted.**

As a Parent or Guardian:

I will be cooperative and supportive of school personnel and procedures. I fully realize that I am responsible for my child's attendance and punctual transportation to and from school at all times. **If my child's attendance or behavior is inappropriate my child will be returned to his/her home school.**

PARENT/GUARDIAN SIGNATURE:

DATE:

**TRANSPORTATION TO AND FROM THE "CHOICE" SCHOOL
IS THE RESPONSIBILITY OF THE PARENT.**