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 ☐	Asian ☐	African-American ☐
Hispanic ☐	Native American/ Native Alaskan ☐	Native Hawaiian/ Pacific Islander ☐
White ☐		

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:
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:	
Date and Time Received by Resident District:	
Resident District LEA #:	
Nonresident District LEA#:	
Student's State Identification #:	
Application:	Accepted ☐ Rejected ☐
Reason for Rejection (If Applicable):	
Date Notification Sent to Resident District and Parent/Guardian of Applicant:	