

FAYETTEVILLE PUBLIC SCHOOLS

APPLICATION FOR SCHOOL CHOICE TRANSFER

TYPE OF SCHOOL CHOICE TRANSFER REQUESTED Please choose only one	
<input type="checkbox"/> Public School Choice Act of 2015	<input type="checkbox"/> Opportunity School Choice Act
NOTE: Applications for the Public School Choice Act of 2015 must be sent to the Resident and Non-Resident District. Applications for the Opportunity School Choice Act must be sent to the Resident District, the Non-Resident district, and the Division of Elementary and Secondary Education.	
<u>Important:</u> The submission deadline for this form is May 1 preceding the school year the student wishes to attend the Non-Resident School District.	
Print APPLICANT or Student Full Name:	
Student Date of Birth: ___/___/___	<input type="radio"/> Male <input type="radio"/> Female
Grade Level for Next School Year <input type="checkbox"/>	If Kindergarten, list previous early childhood programs:
Does the student have *special needs or require *special programs: <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> IEP <input type="radio"/> 504 Plan <input type="radio"/> Speech <input type="radio"/> ALE or Alternative Education <input type="radio"/> Dyslexia	
<input type="radio"/> Other: _____	
*Documentation may be requested by the Non-Resident District.	
Is applicant interested in athletics eligibility for grades 9th-12th? <input type="radio"/> Yes <input type="radio"/> No	
Is applicant currently under expulsion? <input type="radio"/> Yes <input type="radio"/> No If yes, district name: _____	
Ethnic Origin (Check ONE - for data reporting purposes only)	
<input type="radio"/> 2 or more races <input type="radio"/> White <input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Hispanic	
<input type="radio"/> Native American/Native Alaskan <input type="radio"/> Native Hawaiian/Pacific Islander	
RESIDENT SCHOOL DISTRICT OF APPLICANT	
District Name: _____	School Name: _____
Phone #: _____	City: _____
NONRESIDENT SCHOOL DISTRICT APPLICANT WISHES TO ATTEND	
District Name: FAYETTEVILLE SCHOOL DISTRICT FAYETTEVILLE, AR	

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Does the applicant currently attend Fayetteville Schools? <input type="radio"/> Yes <input type="radio"/> No	
If yes, circle the grades in which the student has attended Fayetteville Schools:	
K 1 2 3 4 5 6 7 8 9 10 11	
List first name, last name & grade level of siblings OR step-siblings currently enrolled in Fayetteville Schools pursuant to the Public School Choice Act of 2013 or the Public School Choice Act of 2015:	
_____	_____
_____	_____
_____	_____
_____	_____
PARENT OR GUARDIAN INFORMATION	
Print Parent Name:	Parent Phone:
Mailing Address:	
Work Phone:	Place of Work:
Parent/Guardian Signature:	Today's Date:
DISTRICT USE ONLY	
Resident District LEA#:	Date & Time Received by Resident District:
Nonresident District LEA#: 7203	Date & Time Received by Nonresident District:
Student's State Identification#:	
Application Accepted: <input type="radio"/> Yes <input type="radio"/> No	Application Rejected: <input type="radio"/> Yes <input type="radio"/> No
Reason for Rejection if applicable:	
Date Notification Sent to Parent/Guardian of Applicant:	
Date Notification Sent to Non-Resident District:	