

**SCHOOL CHOICE TRANSFER REQUEST FORM**

Transfer within Evergreen School District  
 20\_\_\_\_\_ - 20 \_\_\_\_\_ School Year

**ATTENTION:**

**YOU MUST BE REGISTERED AT YOUR HOME SCHOOL PRIOR TO APPLYING FOR SCHOOL CHOICE.**

Please complete this form if you wish to be considered for a School Choice Transfer.

1. Your request will be approved only if space is available for a School Choice Transfer at the requested school. You will be notified of approval/denial by mail.
2. The District does not provide transportation outside the student's home attendance area. It is the responsibility of the parent to provide daily transportation to and from school.

**PLEASE PRINT**

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ **Home School** \_\_\_\_\_  
 \_\_\_\_\_ (School based on home address)  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Father Wk # \_\_\_\_\_ Mother Wk # \_\_\_\_\_

	<u>Student</u> <u>First and Last Name</u>	<u>Date of</u> <u>Birth</u>	<u>School Currently</u> <u>Registered/Attending</u>	<u>Grade</u> <u>Request</u>	<u>School Request</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

<b>FOR DISTRICT OFFICE USE:</b>				
Data Entry: _____			IS/ADMIN: _____	
<u>STUDENT ID #</u>	<u>LOTT #</u>	<u>STATUS</u>	<u>SP. ED</u>	<u>DISTRICT SIGNATURE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a child who has previously been approved and is currently attending this School of Choice?

Yes  No Child Name \_\_\_\_\_ Date Approved \_\_\_\_\_

Is any child enrolled in Special Education/504?  Yes  No **If yes, please indicate in the box to the right, the programs your child is enrolled in:**

<b>Child Name</b>	<b>RSP</b>	<b>SDC</b>	<b>Speech</b>	<b>504</b>	<b>Other</b>
_____					
_____					
_____					

**I AM REQUESTING THIS TRANSFER FOR THE FOLLOWING REASON(S):**

\_\_\_\_\_

**NOTE: A completed application must be returned to the Evergreen District Administration Office, 3188 Quimby Road. To be included in the initial lottery, request forms must be received during the current year's application period. In the event that requests exceed the number of school openings, the law requires that assignments be made in a random, unbiased manner. Parent/Guardian will be notified by mail in July. The School Choice lottery process does not guarantee placement at the school requested. The undersigned acknowledges that the parent/guardian has received, read and understands the above aforementioned and the School Choice Transfer Request Information sheet.**

\_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_  
 Date