

**MAPLE ELEMENTARY SCHOOL DISTRICT
DISTRICT OF CHOICE APPLICATION**

Parent's Name: _____

Today's Date: _____

Address: _____

Currently Enrolled Sibling(s): _____

City: _____

Phone No. _____ Cell No. _____

Parent Signature: _____

Please be sure to keep the phone number and contact information current.

Name of Child	Date of Birth	School District of Residence	School currently attending	Current Grade or Year they will begin Kindergarten

Do your student(s) qualify for free/reduced price meal program? Yes___ No___

Is any parent or legal guardian of the student(s) currently serving in the military Yes___ No___

Please Note: This application is ONLY A REQUEST. The Governing Board for the school district is responsible for determining the number of transfers the district is willing to accept and for ensuring that students admitted are selected through a random, unbiased process. **Enrollment priority for District of Choice application students will done in accordance with CA ed code 48306.**

**Maple School District
29161 Fresno Avenue
Shafter, CA 93263
Ph: 661.746.4439
Fax: 661.746.4765**

Received: _____

Board Approved: _____

Please fax or email form to afernandez@mapleschool.org or pdejulian@mapleschool.org