*Together, Educating Every Student for Excellence*

CHRISTINA SCHOOL DISTRICT

# SCHOOL CHOICE GOOD CAUSE FORM

******MUST ACCOMPANY Delaware Standard Application for Educational Options******

Name of Student_____Current Grade_____

Address_____

School Currently Attending_____

Choice School Request _____

Home Phone _____ Cell Phone _____

**Please check (√) the "Good Cause" reason that applies and attach documentation to show the change occurred after the School Choice deadline:**

_____ 1. **Change in the location of family residence** (required documentation includes a signed/dated lease, signed/dated Settlement Statement or other document which **verifies the date** and location of the move.) **EFFECTIVE DATE OF MOVE:** _____

_____ 2. **Change in the student's parents' marital status (Attach documentation)**

_____ 3. **Change in legal guardianship (Attach documentation)**

_____ 4. **Placement in foster care (Attach documentation)**

_____ 5. **Adoption (Attach documentation)**

_____ 6. **Participation in a foreign exchange program (Attach documentation)**

_____ 7. **Student's participation in a substance abuse or mental health treatment program (Attach documentation)**

_____ **8. A reported, recorded and substantiated instance of bullying as defined by the Delaware State Law (Attach documentation)**

_____ 9. **Similar circumstances (Attach documentation)**

**Please give a written explanation of the Good Cause Request:**

_____

_____

**I understand transportation will only be provided from an existing Christina bus stop to the requested Choice school, if space is available, and agree to abide by the School Choice Program Guidelines of the Christina School District.**

Parent/Guardian Signature: _____

Date of Request: _____

**Rev 3/2025**