



IN DISTRICT SCHOOL OF CHOICE APPLICATION

**MARYSVILLE PUBLIC SCHOOLS DISTRICT
ELEMENTARY IN-DISTRICT SCHOOLS OF CHOICE
2021-22 SCHOOL YEAR**

Date: _____

Parent and/or Legal Guardian Information

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Information:

Student's Name: _____ Birthdate: ____/____/____ Male ____ Female ____

School (According to Residence): _____ Current Grade (20-21 School Year): _____

School of Choice: _____ Grade Level Next Fall (21-22 School Year): _____

Date Leaving Resident School: _____ Date Entering Choice School: _____

REASON FOR REQUESTING SCHOOL CHANGE:

***Signature of Parent/Guardian**

Date

**Signature indicates parent/guardian has read the In-District Schools of Choice Guidelines
on reverse side of this application.*

FOR OFFICE USE ONLY

Date Received: ____/____/____

Date Processed: ____/____/____

Status of Application: ____ Approved ____ Not Approved

Principal Signature (Resident School)

Principal Signature (Choice School)

MISSION

"Personalize learning for every student through rigor, relevance and relationships."