

DPS Student ID #:

1. STUDENT INFORMATION

Student's Name

Last _____ First _____ Middle Name _____ No Middle Name Male Female

Student's Primary Home Address (this address impacts student placement):

Street _____ Apt # _____ City _____ State _____ Zip _____

Birthdate: (mm/dd/yyyy) _____

Current Age: _____

SCHOOL INFORMATION

Where is student currently enrolled? DPS School Name: _____ Current Grade: _____

LANGUAGE OF INSTRUCTION

- My child only speaks English
- My child speaks Spanish and I would like my child to be taught in Spanish while learning how to read, write, speak, and listen in English ("ELA-S")
- My child speaks a language other than English and I would like my child to be taught in English while learning how to read, write, speak, and listen in English ("ELA-E")

SPECIAL EDUCATION

Does this student have an Individualized Education Plan (IEP)? Yes No

A student with a 504 Plan or an IEP may be admitted to schools that can provide the programs, services and/or accommodations outlined in the student's plan.

2. GRADE IN 2017-18 *Please select the grade you are applying for.*

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

3. SCHOOL PREFERENCE *Please list the school you would like your child to attend.*

Name of School: _____

4. PARENT/ GUARDIAN CONTACT INFORMATION

First Parent/Guardian's Name _____ Relationship to Student _____ Legal Guardian? Yes No

In case of an emergency, contact the person above First Second

Primary Contact Phone Number: _____ Home Cell Work E-mail _____

Alternate Contact Phone: _____ Home Cell Work

Parent/Guardian's home address, if different than Student's home address

Street _____ Apt # _____ City _____ State _____ Zip _____

5. PARENT CONSENT *Parent/legal guardian signature is required to process this SchoolChoice form.*

I understand that by signing this SchoolChoice Round 2 application, I agree to follow the SchoolChoice process; affirm that all information submitted on this form is accurate to the best of my knowledge; understand that Round 2 school requests will be approved based on space availability; understand DPS reserves the right to verify information submitted, and my child's school of assignment will not be guaranteed if information cannot be confirmed as accurate. Further, I understand that if my child is not qualified for a program, he/she will not be enrolled in that program, even if I have listed that school/program on this form; understand that transportation may not be provided for Choice assignments; and understand that if this application is approved, my child's allocated "seat" at his/her current or neighborhood school will be relinquished, including the seat they may have received during Round 1.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL USE ONLY: ACCEPT WAITLIST

Is the applicant qualified or applying for any of the following (check all that apply): Student has IEP Retained (repeating grade) ELA-E ELA-S

Received by: Office Staff District Staff Print Name: _____ School # _____

Date received: _____ Time received: _____:_____ am/pm Copy given to parent/guardian Address verified in IC