

**NO CHILD LEFT BEHIND ACT
SCHOOL CHOICE
TRANSFER REQUEST FORM**

Please confirm by signing this form and returning it in the enclosed stamped envelope. Your child will not be enrolled at the new school until we receive this confirmation from you.

If your transfer was approved, your child will have free transportation from your neighborhood to the accepting school for as long as your current school does not make adequate yearly progress on the statewide assessment program standards. But in the future, if Sycamore Park Elementary improves and starts meeting Federal standards, we will not be able to provide busing to the accepting school. In that case, your child may keep attending the new school until he or she has completed the highest grade in the school, but you will have to provide transportation. You also need to consider that, in most cases; a student attending a school of choice will have a longer bus ride than a student attending the current neighborhood school.

Submitting this form indicates your preference to have your child enrolled in another school. Your response is due **August 27, 2008**. Complete a separate form for each child.

**IF YOU WISH TO HAVE YOUR CHILD REMAIN AT HIS/HER CURRENT SCHOOL,
NO RESPONSE IS NECESSARY.**

Dear Division Administration:

I request that my child, _____, who lives at _____
be considered for transfer to the following school based on space availability.

_____ 1st Choice

_____ 2nd Choice

1. I understand that my child will be provided transportation to my school of choice or arrangements will be made to transport my child myself.
2. My child will be transported by: **Circle one:** parent or school bus

Parent/Guardian Name: _____ Child's Current School: _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____