

Parent/Guardian, please read: (1) Student must be actively enrolled at neighborhood school. (2) Mark a transportation yes/no box below. (3) This application must be returned to the home school office no later than the August 17th deadline.

OFFICE USE ONLY Date/Time Received _____ Received By _____	Application Deadline for 2012-13 School Year <p style="text-align: center;"><u>August 17, 2012</u></p>	Anchorage School District ASD Education Center Director of Accountability 5530 East Northern Lights Blvd. Anchorage, Alaska 99504 (907) 742-4206 (Phone) (907) 742-4251 (FAX)
	NCLB Public School Choice Transfer APPLICATION	



Parent/Student Information PLEASE PRINT Student's ASD ID#: _____ ← **REQUIRED** (School staff please complete.)

Student Last Name _____ First Name _____ MI _____ Birthdate: _____/_____/_____ Sex: **M** **F**
Month Day Year

Parent/Guardian Name _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____

Street Address _____ Apt. # _____ City _____ State _____ Zip Code _____

SCHOOL YOUR CHILD IS CURRENTLY ENROLLED TO ATTEND	
NEIGHBORHOOD SCHOOL: _____	GRADE LEVEL for the 2012-13 school year: _____
<i>To be considered for approval, the student must be currently enrolled at the neighborhood school.</i>	

SCHOOL TO WHICH YOU ARE APPLYING: _____ <i>You may only apply to attend specific schools identified as receiving options by the school district. Receiver school names are available at your home school, the ASD Education Center or at the district Web site @ www.asdk12.org/NCLB/.</i>

WILL THE STUDENT NEED TRANSPORTATION PROVIDED BY THE ANCHORAGE SCHOOL DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO

I request the above named student be considered for the school indicated above. I understand the following: (1) Eligible applications will be sorted by grade level and ranked with lowest performing low-income students receiving highest priority. (2) If my student's neighborhood school meets NCLB AYP for two consecutive years, district provided transportation to the receiving school will cease. If my student's receiving school enters NCLB AYP school improvement status (Level 2 and higher), district provided transportation to the receiving school will cease. However, my student may continue to attend the receiving school through the highest grade-level it offers with no district provided transportation or s/he may return to the neighborhood school. If I elect to continue to send my student to the receiving school, the form of transportation provided by the parent/guardian must be deemed as safe by the district. (3) The address used for eligibility will be verified with the district records. I understand that falsification of the student address may result in the student being disqualified for enrollment at the school of choice. To be eligible, the student must be currently enrolled at the neighborhood school.

Parent/Guardian Signature: _____ **Date:** _____

School Staff, before accepting and faxing this application: (1) Verify student is eligibly and actively enrolled at neighborhood school. (2) Enter student's ASD ID# above. (3) Verify that parent marked a transportation yes/no box above.
Fax this form to 742-4251 no later than the day that it is received. Thank you!