



## LIMITED SCHOOL CHOICE REQUEST

School Year: \_\_\_\_\_

(for which the application applies)

In accordance with the Limited School Choice policy, I request that my child(ren) be transferred

Attendance Area School: \_\_\_\_\_

(attendance area school)

Desired School: \_\_\_\_\_

(only one school per application)

Student Names(s)

Present Grade/School Year

Present School

1. For New Kindergarten requests: ☐ Full Day ☐ Half Day

2. Does this student have a sibling presently attending the new school of choice?

☐ YES

☐ NO

3. Reason for request: \_\_\_\_\_

Please print Parent/Guardian Name and Street Address on the three lines below.

Parent/Guardian Signature

Phone

Date

1. Limited School Choice (LSC) is a privilege provided by the Rockwood School District.
2. LSC is granted on a year-by-year basis; students must reapply each year.
3. A LSC transfer occurs at the beginning of a semester. Once a LSC transfer is approved, the student must remain at the Choice school for a minimum of one semester. Extenuating circumstances will be reviewed by the school principal and the Assistant Superintendent of Human Resources.
4. If a student's request is approved for Limited School Choice and the student is not successful in the Choice school, the student may be denied his/her future request to return to this school after he/she completes the school year or semester. Prior to denial of the LSC request, the parent and student will have a conference with the school principal.

☐ Choice Recommended

☐ Choice Not Recommended

Comments: \_\_\_\_\_

Principal Signature

Date

☐ Choice Approved

☐ With Transportation

☐ Choice Denied

☐ Without Transportation

Comments: \_\_\_\_\_

Superintendent/Designee Signature

Date