

**Parent/Guardian, please return this form to your home school before the August 14th deadline.  
Home school staff should FAX this form to 742-4251 on the day that it is received.**

<b>OFFICE USE ONLY</b>  Date/Time Received _____  Received By _____	<b>Application Period in Effect until August 14, 2009 for the 2009-2010 School Year</b>	<b>Anchorage School District ASD Education Center</b> Director of Accountability 5530 East Northern Lights Blvd. Anchorage, Alaska 99504 (907) 742-4206 (Phone) (907) 742-4251 (FAX)
	<b>Public School Choice APPLICATION</b>	



**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 SCHEDULED TO ATTEND**  
**HOME SCHOOL:** \_\_\_\_\_ **GRADE LEVEL for the 2009-2010 school year:** \_\_\_\_\_  
*To be considered for approval, the student must be currently enrolled at the home school.*

**SCHOOL TO WHICH YOU ARE APPLYING:** \_\_\_\_\_  
*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/](http://www.asdk12.org/NCLB/).*

**WILL THE STUDENT NEED TRANSPORTATION PROVIDED BY THE ANCHORAGE SCHOOL DISTRICT?**  YES  NO

I request the above named student be considered for the school indicated above. I understand the following:

- Applications received during the application period will be sorted by grade level and ranked with lowest performing low-income students receiving highest priority.
- When my student's home school meets its identified achievement targets for two years in a row, district provided transportation to the school of choice will cease. However, my student may continue to attend the new school of choice through the highest grade-level with no district provided transportation, or he/she may return to the home school. I understand that if I elect to continue to send my student to the school of choice, the form of transportation provided by the parent/guardian must be deemed as safe by the district.
- 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. I understand that the student must be currently enrolled at the home school.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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