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 13th deadline.

OFFICE USE ONLY	Application Deadline for 2010-11 School Year	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)
Date/Time Received _____	**August 13, 2010**	
Received By _____	**NCLB Public School Choice Transfer APPLICATION**	

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

_____ _____ _____ **Birthdate:** _____/_____/_____ **Sex: M F**
Student Last Name **First Name** **MI** **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 2010-11 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/.

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: **(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!

Form Version 7/14/10