



Appoquinimink School Choice Application Enrollment for the 2010-2011 School Year

The Deadline for Application is **Wednesday, January 13, 2010** in the Receiving District.

The Appoquinimink School District's School Choice Program is an annual process.

A separate application must be completed for each student.

Please Print

1. **Public School District you are applying to for Choice:** _____

State Student ID#

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District Use Only

2. **Student's Name — From Birth Certificate:**

Last name	First	Middle	Birth Date:
-			-

Sex: Female Male **Race/Ethnicity:** 1 American Indian 2 African American 3 Asian 4 Hispanic 5 White

3. **Parent/Guardian/Relative Caregiver Name:**

Last name	First	MI
Street address		
City	State	ZIP
Home telephone		Work telephone
Email address		

- Check if above address is different from that on file at school.
- Check if parent/guardian/relative caregiver is an Appoquinimink School District employee. Location: _____

If your child were to attend school in the district you live in, enter the name of the school he/she would attend. →

4. **Public School District in which you live:** _____

Resident School

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5. **School Presently Attending:** _____

Public Non-Public

Grade attending in 2009-10

Grade to attend in 2010-11

6. **Are you applying for Kindergarten?** No Yes

Check with the school district(s) to which you are applying to determine other kindergarten information.

7. **School(s) you are applying to in priority order:**

1st Choice

2nd Choice

3rd Choice

Acceptance Status

- Invite Waiting Not Accepted
- Invite Waiting Not Accepted
- Invite Waiting Not Accepted

District Use Only

Please NOTE: → **Both sides of this form MUST be completed.**

District Use Only

Date Request Received: _____ Date Request Withdrawn: _____ Date Student Notified: _____
Date Invitation Accepted/Refused: _____ School: _____ Grade: _____ Good Cause: _____

8. Program Desired (if applicable):

9. Does your child require handicap accessibility? No Yes

10. Is your child currently receiving special education services?
 If yes, a copy of the IEP MUST be attached. No Yes

11. What Language does your child usually use at home other than English?

Does your child need English as a Second Language services? No Yes

12. Does the student have any brothers or sisters attending the same choice school in 2009-10 and continuing in 2010-11? If yes, please complete the following:

Last name	First	MI	Birth Date:	School	Grade
Last name	First	MI	Birth Date:	School	Grade

13. Does the student have any brothers or sisters applying to the same choice school(s)?
 If yes, please complete the following:

Last name	First	MI	Birth Date:	School	Grade
Last name	First	MI	Birth Date:	School	Grade

14. Is your choice request due to child-care needs? No Yes If yes, please complete the following:
Child-care Provider: Not all Districts use this as criteria for admission.

Last name	First	MI
Street address		
City	State	ZIP
		Telephone

15. For reasons other than childcare, please indicate why you have requested school choice:

16. Parent, Guardian or Relative Caregiver Signature _____ Date: _____

Signing this form authorizes the School District access to this student's records for purposes of evaluating this application.

If moving into the Appoquinimink School District, a copy of your builder's contract, sales or lease agreement is required at the time your choice application is submitted.

If approved for school choice, the parent/guardian/caregiver is responsible for transportation to and from the choiced school.

Original applications are required for processing.