## **Elementary Application for School Choice 2019-2020**

## Grades 1-5

A choice application should be submitted for each student <u>only if the following applies</u>: (1) you are requesting a change of school for 2019-2020; (2) you plan to move to a different location on the same side of the school district and want your child to remain at their current elementary school.

## **STUDENT INFORMATION: (PLEASE PRINT)**

Student Full Name:	Middle	Last		_ 2019-2020 Grade
Date of Birth:	(month/day/year)	Male Female	Hom	e School:
Parent(s)/Guardian Name:				
Home Address:		Apartı	Apartment #: Zip Code:	
Cell Phone:	Work Phone:		Home Phone:	
If PARENT is a township employee, list P	ARENT name & building	g:		
REQUESTED SCHOOL FOR CHOICE: 1st Ch	oice:	2 <sup>nd</sup> Choice:		3 <sup>rd</sup> Choice:
School child currently attends:				
(lı	Elementary School-Ago nclude children currently			
Name of Elementary School Age Brothers/Si	2019-2020 isters Grade	Current Scho	ool	Date of Birth
<ol> <li>Bus transportation will be provided for s         TRANSPORTATION WILL NOT BE APPROVE         Are you requesting transportation for your</li> </ol>	D.	HOICE placement in gra	des 1-5 ONLY.	. CROSS DISTRICT
2. If yes and different than home address:	Address			Zip Code:
Signature of Parent/Guardian:				
OFFICE USE: DATE RECEIVED	Perry Township Schools Attn: Vickie Carpenter, Asst. Superintendent 6548 Orinoco Avenue Indianapolis, IN 46227		Applications must be received by February 22, 2019. No late applications accepted.	