

**SCHOOL CHOICE PROGRAM APPLICATION 2019-2020**

The deadline for School Choice is **March 1, 2019**. A lottery will be conducted to fill available school choice slots for the coming school year the first week of March. Applicants will be informed by their home high school regarding their status by April 1. **Applications received after March 1 may be considered on a case-by-case basis, depending on slots still available at a high school and individual school choice procedures.**

Please note: **Only a limited number of school choice slots are available each year.** Every school has a different number of slots depending on the size of the school and the set limits established in accordance with VT Law.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Mailing Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Name of Parents: Guardian \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Physical Address (if different from mailing address above): \_\_\_\_\_

Town/City of Legal Residence: \_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

Are you anticipating a change in residency status (will you be moving) at any time during the next school year? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL APPLYING TO:** 1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_  
3<sup>rd</sup> Choice \_\_\_\_\_

**REASON:** Please indicate why you are interested in school choice. In order to evaluate the effectiveness of school choice it is helpful to know the reasons why students wish to attend other schools.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please complete both sides of this application)

**SIGNATURES:**

We have read and understand the guidelines pertaining to the School Choice Program. We understand that parents and guardians are responsible for the transportation of our student to and from the choice school and that our student must adhere to the academic and behavioral expectations established by the choice school district. Acceptance into a School Choice Program is contingent upon a determination by cooperating schools that a student is in good standing.

_____	_____	_____	_____
Parent/Legal Guardian Signature	Date	Student Signature	Date
_____	_____	_____	_____
Principal Signature-Current School	Date	Principal Signature-School Choice School	Date

Please send/give this form to the Principal of your current home high school.

*Please note that **signatures mean your application has been received and forwarded and does NOT mean you have been accepted** for school choice. Should you be accepted for choice, you will receive a notice from the receiving school inviting you to come in and register.*

*For Office Use Only*

**Home School Instructions**

- When the School Choice application has been approved by the home school Principal, fax a copy to the choice school as soon as possible.
- Cooperating principals make “good standing” determination.
- Once the lottery has been completed, the principal of the student’s home school or designee will notify the family of their selection into the choice program.
- If a student does not make it into the choice program, the family will be notified in writing and will be given his/her ranking from the lottery.
- The principal or designee will notify the choice school of the acceptance or rejection of the choice program.

**Choice School Instructions**

- Once the application is received and approved by the choice school Principal, please fax a copy back to the home school for their records.
- Assure that your district is able to enroll the student in line with regard to “caps” or agreement.
- Contact parent/guardian of applicant to setup enrollment appointment.
- Request records from the home school Guidance Department.