



School Applying To <i>No abbreviations</i>	School Year Applying For <b>2015-16</b>	<i>This form should be used by applicants who participated in the Choice program in the previous semester or were on a waiting list for Choice students in the previous year.</i>
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FAMILY INFORMATION					
Parent/Guardian First Name	MI	Last Name	Suffix <i>Sr., Jr., etc.</i>		
Parent/Guardian First Name	MI	Last Name	Suffix <i>Sr., Jr., etc.</i>		
Home Street Address	City	State	Zip	Telephone Area/No.	

STUDENT INFORMATION					
Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix <i>Jr., III, etc.</i>	Date of Birth <i>Mo./Day/Yr.</i>	Grade Level for 2015-16
Gender	Check One		Check all that Apply		
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
Choice Enrollment				Name of Choice School Attended or on the Waiting List	
<input type="checkbox"/> Attended a Choice School as a Choice Student in the previous semester <input type="checkbox"/> Was on a Choice waiting list at a Choice school in 2014-15					

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PARENT OR GUARDIAN SIGNATURE	
<b>For Use of Parent or Guardian. I, AS THE PARENT OR GUARDIAN, CERTIFY</b> that all of the information on this application, including page 2 if completed, is true and correct. I understand that any of the information on this application or related to this application, including residency documentation, may be subject to further review and verification by school and/or state officials.	
Signature of Parent or Guardian <i>MUST be the same name as one of the parents / guardians listed above</i>	Date Signed <i>Mo./Day/Yr.</i>
➤	

FOR SCHOOL USE ONLY	
Based on the information provided by the parent or guardian and the residency eligibility determination, the student is eligible.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>I, AS THE ADMINISTRATOR/DESIGNEE RESPONSIBLE FOR PUPIL ADMISSIONS,</b> have reviewed the student application and have concluded that it is properly and completely filled out to the best of my knowledge. I attest that documents verifying residency are on file at the school.	Date Application Received <i>Mo./Day/Yr.</i>
Signature of School Administrator or Designee	Printed Name of School Administrator or Designee
➤	Date Signed <i>Mo./Day/Yr.</i>

**ADDITIONAL APPLICANTS FROM FAMILY**

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If there are more than seven (7) applicants, complete an additional application.