

Public School Choice Transfer Application

Pursuant to A.C.A. § 6-18-1901 et seq.

SECTION 1: STUDENT INFORMATION

Full Name: _____

Date of Birth: ____/____/____ Grade Level for Requested Year: _____

School Year of Requested Transfer: 2026 - 2027

Current School Attending: _____

Current District (Resident District): _____

Is the student currently under expulsion? Yes No

Is the student currently under consideration for expulsion? Yes No

This question is for informational purposes. Student cannot be denied unless expelled.

SECTION 2: INTERDISTRICT TRANSFER REQUEST

School Requested: _____

District of Requested School: _____

SECTION 3: INTRADISTRICT TRANSFER REQUEST

School Requested: _____



SECTION 4: FAMILY INFORMATION

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ ZIP: _____

Phone Number: _____ Email: _____

Does the student have a sibling currently attending the requested school?

Yes No

Does the student have a parent or guardian who is a:

- | | | |
|---|-----|----|
| • Uniformed service member in full-time active duty status | Yes | No |
| • Surviving spouse of a uniformed service member | Yes | No |
| • Reserve component uniformed service member during the period six months before six months after a Title 10 or Title 32 of the United States Code or state active duty mobilization. | Yes | No |

SECTION 5: ATTESTATIONS

I understand that transportation is not provided unless otherwise agreed upon.

I understand that my child must comply with the student code of conduct and attendance policies.

I understand this application does not guarantee approval and that I will be notified in writing.

I understand that if accepted, I will be given a deadline by which to enroll.

Signature of Parent Guardian Student (if age 18+):

Sign: _____ Date: ____/____/____



SECTION 6: DISTRICT USE ONLY

Method of Submission:

Regular Mail

Email

Hand Delivery

Date Submitted: ____/____/____
(For district use: Date/Time Stamp Upon Receipt)

Receiving School / District Review:

Application Accepted

Application Rejected

Reason for Rejection (check all that apply):

Lack of capacity (documented)

Application incomplete

Application received after June 1 deadline

Other: _____

Notification sent to applicant on: ____/____/____

Enrollment deadline if accepted: ____/____/____

District Official Name: _____ Title: _____

Signature: _____ Date: ____/____/____

