

**School District of Choice Transfer
Midway School District**

For School Year _____

For Grade _____

Use a separate form for each child. Please type or print.

Application must be received by the School District of Choice before January 1.

PART A.

PARENT/GUARDIAN completes this section and returns all copies to school district of choice.

Student's Name: _____ Birth Date: _____

School District of Choice: _____ County: _____

School Requested : _____

Specific Program or Service Requested (if any): _____

Sibling(s) Currently Attending District of Choice: _____

School District of Residence: _____ County: _____

School Presently Attending or Last Attended: _____ Grade: _____

Name of Parent/Guardian: _____ Home Phone: _____

Address: _____ Work/Cellular Phone: _____

PART B.

SCHOOL DISTRICT OF CHOICE completes this section and returns all copies to school district of residence.

ACTION OF DISTRICT OF CHOICE:

- Accepted**
- Rejected**

Reason for rejection: _____

Date: _____

(Signature and Title of Authorized Representative)

PART C.

SCHOOL DISTRICT OF CHOICE completes and distributes copies as indicated below.

ACTION OF DISTRICT OF RESIDENCE:

- Accepted**
- Rejected**

Reason for rejection: Negative impact on desegregation plan.
 Transfer exceeds limits allowed by law.

Date: _____

(Signature and Title of Authorized Representative)