

**APPLICATION FOR SCHOOL CHOICE TRANSFER***(This form must be submitted to both the Resident and the Non-Resident Districts)***TYPE OF SCHOOL CHOICE TRANSFER REQUESTED***Please choose only one option per form submitted.*Public School Choice Act of 2015 Opportunity School Choice Act 

NOTE: Application for the Public School Choice Act of 2015 must be sent to the resident and nonresident districts. Applications for the Opportunity School Choice Act must be sent to the resident district, the nonresident district, and the Division of Elementary and Secondary Education.

*If you are unsure which type of school choice best applies, please review the page following this form for information about the different types of school choice that may be available to your student.*

**SIBLING INFORMATION**

If applying for a transfer under the Public School Choice Act of 2015, does the applicant already have a sibling or step-sibling in attendance in the nonresident district listed below pursuant to the Public School Choice Act of 2013 or the Public School Choice Act of 2015?

If so, please list school age siblings living in household:

**APPLICANT INFORMATION**

Student Name:

Next Year Grade (2020-21):

Student Date of Birth:

Gender: Male  Female Does the applicant require special needs or programs? Yes  No Is applicant currently under expulsion? Yes  No **MILITARY FAMILY INFORMATION**

Does the applicant have a parent or guardian who is an active-duty member of the military who has been transferred to and resides on a military base? If so, please state the date of the parent's or guardian's arrival on the military base:

NOTE: In order to take advantage of school choice options available to military families who have recently transferred to a military base, you must submit military transfer orders and proof of residency on the military base to the resident and nonresident school districts.

**RACE OR ETHNIC ORIGIN (CHECK ONE)***This information is collected for data reporting purposes only, pursuant to Ark. Code Ann. §6-18-227(f)(2)(B).*2 or More Races  African American  Asian  Hispanic Native American/  
Native Alaskan  Native Hawaiian/  
Pacific Islander  White **RESIDENT SCHOOL AND SCHOOL DISTRICT OF APPLICANT**

District and School Name

County Name

Address

Phone

**NON-RESIDENT SCHOOL/SCHOOL DISTRICT APPLICANT WISHES TO ATTEND**District Name **Van Buren School District**County Name **Crawford**Address **2221 Pointer Trail, Van Buren, AR 72956**Phone **479-474-7942**School Requested: **River Valley Virtual Academy** I understand that there is no guarantee my child will be enrolled at the requested school.**PARENT OR GUARDIAN INFORMATION**

Name

Home/Cell Phone

Address

Work Phone

Email Address

Parent/Guardian Signature

Date

DISTRICT USE ONLY			
Date and Time Received by Non-Resident District:		Non-Resident District LEA #:	
Date and Time Received by Resident District:		Resident District LEA #:	
Student's State Identification #:			
Application	Accepted	Rejected	
Reason for Rejection (If Applicable):			
Date Notification Sent to Parent/Guardian of Applicant		Signature of Student Services Administrator:	
Date Notification Sent to Resident District		Signature of Superintendent:	
School Assigned			