Voluntary Attendance Center Transfer Program Application

School Year _____ **(Please print or type)**

Parents who wish to transfer more than one child in a family may be in the situation that one child is selected and the other child is not. If this is the case, then the parent may withdraw this application.

Student's Name: _____ Birth Date: _____
Last First MI

Student's Assigned School: _____ Will Be Entering Grade Level: _____

Parent/Guardian: _____
Last Name First Name MI

Home Address: _____

Home Telephone Number: _____

Work Telephone Number: _____ Cell Phone Number: _____

Name of Elementary School Desired: _____Capron _____ Poplar Grove
_____ Manchester

Category: (check one)

_____ Applications of students with a sibling attending the school that the applicant wishes to attend.

_____ Applications of students who attended a District school in the previous year.

_____ Applications of children of a Staff Member

_____ Applications of families who moved into the district after the close of the previous school year

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

_____ Not Approved _____Approved

Reason:

_____ Lack of space available
_____ Class size is larger at requested school
_____ Prior year's attendance is unsatisfactory
_____ Other

_____ _____
Superintendent Date