



SchoolChoice Round 2 Form: Grades 1-12

2014-15 School Year

**To apply for ECE or Kindergarten, please request a 2nd Round ECE or Kindergarten application.*

Completed applications must be returned in person to your requested school between March 3, 2014 and August 29, 2014.

Applications received by mail, fax, or email will not be processed.

If new to the district, a pre-enrollment form, birth certificate and proof of address must be provided.

>> Your student will be expected to attend his/her assigned school through the entire school year. <<

STEP 1 - DPS Student's ID Number _____		Student's Birth Date: _____	
Student's Name: _____			
<i>Last Name</i>		<i>First Name</i>	
<i>MI</i>			
Address : _____		City: _____	Zip : _____
Current School: _____		Grade in 2014-15 School Year: _____	
Home Phone : _____		Cell Phone: _____	
<input type="checkbox"/> I currently participate in, or am eligible to participate in, the Free and Reduced Lunch Program			

Step 2 – Requested School: _____	Program: _____
Does this student have an Individualized Education Plan (IEP)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
A student with a 504 Plan or an IEP may be admitted to schools that can provide the programs, services and/or accommodations outlined in the student's plan.	

Step 3 - Language of Instruction (Grades 1-5 <u>only</u>)
<input type="checkbox"/> My child only speaks English
<input type="checkbox"/> My child speaks Spanish and I would like my child to be taught in Spanish while learning how to read, write, speak, and listen in English ("ELA-S")
<input type="checkbox"/> My child speaks a language other than English and I would like my child to be taught in English while learning how to read, write, speak, and listen in English ("ELA-E")

Additionally, please complete the **Home Language Questionnaire** which can be provided to you by school office staff or enrollment center.

Step 4 – School Choice Agreement and Signature		
I am applying to have my child attend a school other than his/her assigned school. I understand that requests will be approved based on space availability and that there is no guarantee that my child will be able to attend any school other than his/her assigned school. I understand that if my child is not qualified for a program, he/she will not be enrolled in that program, even if I have listed that school/program on this form. I also understand that transportation may not be provided for Choice assignments.		
I understand that if this application is approved my child's allocated "seat" at his/her current or neighborhood school will be relinquished.		
_____	_____	_____
<i>Parent/Guardian Printed Name</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

SCHOOL USE ONLY
Date received: ____/____/2014 Time received: ____:____ am/pm
<input type="checkbox"/> Approved <input type="checkbox"/> Waitlisted
<input type="checkbox"/> Copy given to parent/guardian <input type="checkbox"/> Page Quality-Checked
SchoolChoice 2 nd Round Form received by: <i>(please print name below)</i>
_____ School Number _____

CHOICE & ENROLLMENT SERVICES USE ONLY
Received Date: _____ Initial: _____
QA Check Date: _____ Initial: _____
Processed Date: _____ Initial: _____