

PICAYUNE SCHOOL DISTRICT ELEMENTARY SCHOOL CHOICE FORM

(Academic Year)

Return to _____ (Principal)

_____ (Elementary School)

_____ (Date)

Student's Name

Elementary School Attending Now

I would like to take advantage of the School Choice option for my son/daughter.

Select a first and second choice from schools named in the letter. If you have only one preference, list only one school.

1st Choice: _____ *(insert name of receiving school.)*

2nd Choice: _____ *(insert name of receiving school.)*

Signature or Parent/Guardian

Date

Daytime Telephone Number

Evening Telephone Number

In the event all requests for transfers cannot be accommodated, first priority will be given to the lowest achieving children from low-income families as identified by the yearly Title I Student Needs Assessment.

Remember: The PICAYUNE SCHOOL DISTRICT will notify you when the choice option will take effect and when your child may start attending the choice school. Please contact the Superintendent's Office at 601-798-3230 if you have questions or need additional information.