



IN DISTRICT SCHOOL OF CHOICE APPLICATION

MARYSVILLE PUBLIC SCHOOLS DISTRICT ELEMENTARY IN-DISTRICT SCHOOLS OF CHOICE 2024-25 SCHOOL YEAR

Date: _____

Parent and/or Legal Guardian Information

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Information:

Student's Name: _____ Birthdate: __/__/__ Male ___ Female ___

School (According to Residence): _____ Current Grade: _____

School of Choice: _____ Grade Level for Year Enrolling: _____

Date Leaving Resident School: _____ Date Entering Choice School: _____

REASON FOR REQUESTING SCHOOL CHANGE:

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Date Received: __/__/__

Date Processed: __/__/__

Status of Application: ___ Approved ___ Not Approved

Principal Signature (Resident School)

Principal Signature (Choice School)

Last Updated: 3/13/2024

MISSION

"Personalize learning for every student through rigor, relevance and relationships."