

**Ann Arbor Public Schools**  
**No Child Left Behind (NCLB) Public School Choice/Transfer Request**

***Please print all requested information accurately and clearly***

Please complete one application per child. Check ONLY Option 1 or Option 2 below.

Return this request form on or before **September 4, 2012** to:

Ann Arbor Public Schools  
Student Accounting and Research Services  
2555 S. State St.  
Ann Arbor, MI 48104  
phone: 734-994-2249  
fax: 734-994-2955

***Please complete the following student information:***

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Name of School Student Currently Attends: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate or Cell: \_\_\_\_\_

Is this student currently enrolled in special education? ☐ Yes ☐ No

**Parent / Guardian Statement**

I have received and understand the notification sent informing me that <school name> has been identified as a school requiring improvement. I also understand that I have the option to transfer my child to another school that has not been identified as a school requiring improvement. Based on this information, I choose:

☐ **OPTION 1:** Transfer to another school

First choice of school I wish to transfer my child to: \_\_\_\_\_

Second choice of school I wish to transfer my child to: \_\_\_\_\_

☐ **OPTION 2:** Remain at <school name>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date