CHENEY SCHOOL DISTRICTWith-in District Choice Request

FOR OFFICE USE
Date Received
Time Received

Renewal New Request	Time Received	
PLEASE PRINT		
Student Name:	Grade:	
Resident School/Present Attendance Area: Prefe	erred School:	
Parent/Guardian Name:		
Phone Number: (Home)(Daytime))	
Mailing Address:		
Physical Address (If different):		
Reason for Request:		
Is your child presently an overload student requesting to remain at the preYesNo		
SPECIAL EDUCATION CLASSES (Please list any special needs your child may have):		
Parent Name (Please Print) Parent Signature	;	
Once transferred, a student is admitted to that school for the remainder of the student's tenure in that school and does not have to re-apply each year. Exceptions: If a Choice request for the current year is made and granted after March 1 st , approval is for the remainder of that school year only. A new Choice request must be submitted for the next school year. Also, when attendance area boundaries are revised, all students must re-apply for transfer.		
It shall be the responsibility of the parent to provide transportation to and f	rom school.	
Space is available in the grade level of classes at the building in w enrolled, and appropriate educational programs or services are ava condition.		
Space is not available at the present time and/or other conditions of	of admission are not met.	
Date: District Administrator:		
Applications should be turned in at the Teaching and Learning Puilding at 12414 S. Andrus Dd. or		

Applications should be turned in at the Teaching and Learning Building at 12414 S. Andrus Rd., or faxed to 559-4517.

School Year: