

**APPLICATION FOR TRANSFER TO A NONRESIDENT DISTRICT  
 "ARKANSAS PUBLIC SCHOOL CHOICE ACT OF 2015"  
 (Must Be Submitted to Non-Resident District)**

**APPLICANT INFORMATION**

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Gender Male  Female

Grade: \_\_\_\_\_

Does the applicant require special needs or programs? Yes  No

Is applicant currently under expulsion? Yes  No

**ETHNIC ORIGIN (CHECK ONE)** (For data reporting purposes only)

2 or More Races  Asian  African-American   
 Hispanic  Native American/  
 Native Alaskan  Native Hawaiian/  
 Pacific Islander   
 White

**RESIDENT SCHOOL DISTRICT OF APPLICANT**

District Name: \_\_\_\_\_ County Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**NONRESIDENT SCHOOL DISTRICT APPLICANT WISHES TO ATTEND**

District Name: \_\_\_\_\_ County Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Does the applicant already have a sibling or step-sibling in attendance in this district pursuant to the Public School Choice Act of 2013 or the Public School Choice Act of 2015?  
 \_\_\_\_\_