

APPLICATION FOR TRANSFER TO A NON-RESIDENT DISTRICT

“ARKANSAS PUBLIC SCHOOL CHOICE ACT OF 1989”

2020-2021 School Year

APPLICANT INFORMATION			
Applicant Name _____			
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)			
2 or More Races ☐			
African American ☐	Asian ☐	Hispanic ☐	
Native American/ Native Alaskan ☐	Native Hawaiian/ Pacific Islander ☐	White ☐	
RESIDENT SCHOOL DISTRICT OF APPLICANT			
District Name: _____		County Name: _____	
Address: _____			
Phone: _____			
NON-RESIDENT SCHOOL DISTRICT APPLICANT WISHES TO ATTEND			
District Name: Jessieville School District		County Name: Garland	
Address: 7900 North Highway 7, Jessieville, AR 71949			
Phone: 501-984-5381			
PARENT OR GUARDIAN INFORMATION OF APPLICANT			
Name _____		Home Phone _____	
Address _____		Work Phone _____	
Parent/Guardian Signature _____			Date _____
Pursuant to standards adopted by a non-resident school board a non-resident district may reserve the right to accept and reject applicants based on capacity of programs, class, grade level, or school building. Likewise, a non-resident district's standards may provide for the rejection of an applicant based upon the submission of false or misleading information to the above listed request for information when that information directly impacts the legal qualifications of an applicant to transfer pursuant to the School Choice Act. However, a non-resident district's standards shall not include an applicant's previous academic achievement, athletic or other extracurricular ability, handicapping conditions, English proficiency level, or previous disciplinary proceedings, except that an expulsion from another district may be included pursuant to Ark. Code Ann. §6-18-510. Priority will be given to applicants with siblings attending the district. The non-resident district shall accept credits toward graduation that were awarded by another district and award a diploma to a non-resident applicant if the applicant meets the non-resident district's graduation requirements. This application must be filed in the non-resident district or postmarked no later than July 1 of the year in which the applicant would begin the fall semester at the non-resident district.			
DISTRICT USE ONLY			
Application	Accepted ☐	Rejected ☐	
Date Notification Sent to Parent/Guardian of Applicant _____			
Date Notification Sent to Resident District _____			

Please return form to: Jessieville School District, Post Office Box 4, Jessieville, AR 71949
OR Fax: 501-984-4200

R 02/25/10