

# SCHOOL CHOICE REQUEST FORM

## 2011-2012

Return to DeKalb County Board of Education. P.O. Box 1668, Rainsville, AL 35986 **no later than September 2, 2011.**

Student's Name \_\_\_\_\_

School Attending Now \_\_\_\_\_

I would like to take advantage of the School Choice option for my son/daughter.

***Select a first and second choice from schools named in the letter. If you have only one preference, list only one school.***

**1<sup>st</sup> Choice:** \_\_\_\_\_ *(insert name of receiving school.)*

**2<sup>nd</sup> Choice:** \_\_\_\_\_ *(insert name of receiving school.)*

\_\_\_\_\_  
**Signature or Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Daytime Telephone Number**

\_\_\_\_\_  
**Evening Telephone Number**

**Remember:** The DeKalb County Board of Education will notify you when the choice option will take effect and when your child may start attending the choice school.