

**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?

<b>PARENT OR GUARDIAN INFORMATION</b>	
---------------------------------------	--

Name:	Home Phone:
Address:	Work Phone:

Parent/Guardian Signature	Date:
---------------------------	-------

Pursuant to standards adopted by a nonresident school board a nonresident district may reserve the right to accept and reject applicants based on capacity of programs, class, grade level, or school building. Likewise, a nonresident 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 nonresident 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 or step-siblings attending the district. The nonresident district shall accept credits toward graduation that were awarded by another district and award a diploma to a nonresident applicant if the applicant meets the nonresident district's graduation requirements. This application must be filed in the nonresident district or postmarked no later than May 1 of the year in which the applicant would begin the fall semester at the nonresident district. A student whose application for transfer is rejected by the nonresident district may request a hearing before the State Board of Education to reconsider the transfer by filing such a request in writing with the Commissioner of Education no later than ten (10) days after the student or student's parent receives a notice of rejection. (Consult Ark. Code Ann. § 6-18-1905 and the Arkansas Department of Education Rules Governing the Public School Choice Act of 2015 for specific procedures on how to file such an appeal).

<b>DISTRICT USE ONLY</b>	
--------------------------	--

Date and Time Received by Resident District:	Date and Time Received by Nonresident District:
--	---

Resident District LEA #:	Nonresident District LEA#:
--------------------------	----------------------------

Student's State Identification #:
-----------------------------------

Application	Accepted	Rejected	
-------------	----------	----------	--

Reason for Rejection (If Applicable):
---------------------------------------

Date Notification Sent to Parent/Guardian of Applicant:
---

Date Notification Sent to Resident District :
---