

KINDERGARTEN

Internal Schools of Choice Data Collection Form

CHARLOTTE PUBLIC SCHOOLS

2009-2010 School Year

PLEASE NOTE: This form must be turned in to the District Registrar or to the District Administrative offices no later than Friday April 3, 2009. The form may also be faxed to (517) 541-5105.
Internal Schools of Choice is subject to class size and building availability.

CHILD'S NAME: _____ 2009-10
Grade Level _____

CHILD'S NAME: _____ 2009-10
Grade Level _____

CHILD'S NAME: _____ 2009-10
Grade Level _____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

ASSIGNED TENTATIVE SCHOOL ZONE: _____

ELEMENTARY SCHOOL REQUESTED: _____

* By choosing an elementary school outside of our assigned Neighborhood School Zone, if approved, I understand that I am responsible to transport my child/children to the requested school.

Parent/Guardian Signature

Date