

Internal Schools of Choice Data Collection Form
CHARLOTTE PUBLIC SCHOOLS
2009-2010 School Year

PLEASE NOTE: This form must be turned in to your elementary school office or to the District office no later than
Monday, March 9, 2009. 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