

Staff Choice Request For 2022 - 2023 School Year

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1.	Student Information:					
	Student Legal Name (Last, First, M.I.)		Gr	ade to be Enrolled In	Date of Birth (MM/DD/YYYY)	
	Street Address	City		State	Zip Code	
	Primary Guardian Name (Last, First)		Te	lephone #	E-mail Address	
	Secondary Guardian Name (Last, First)		Te	lephone #	E-mail Address	
	Resident School District:		_	Employee Work Loca	tion:	
	Resident School:		_	Employee Job Title:_		
	School Requesting:			District Email Address	Address:	
2.	Siblings of this student who are also applying to attend a Haysville School: (You must complete an application for each student)					
	Name (Last, First):			Grad	e:	
3.	Reason for Request:					
pl m al	s parent/guardian, I understand that reque lacement will be based on student enrollme loved to a school with space available. The lso understand that transportation to and f ransportation services will not be provided	ent numbers. If In parent/guardian from school will b	ı-Di ı wi	strict student numb II be notified of this	ers increase your student may be prior to relocating the student. I	
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Date _____

Parent/Guardian Signature _____