

CHOICE APPLICATION

2011-2012 School Year

RECOVERY SCHOOL DISTRICT

Please complete and return this application no later than August 12, 2011 if you wish to transfer your child to a higher performing school to the Parent-Family Resource Centers from 8:00 to 4:30pm at the following locations:

- Sarah T. Reed High School, 5316 Michoud Blvd.
- L.B. Landry High School, 1200 L.B. Landry Ave.
- Walter L. Cohen High School, 3520 Dryades St.
- George W. Carver Elementary School, 3059 Higgins Blvd. (Enter at Almonaster)

TYPE OR PRINT

Current School Child Attends _____

Name of student _____ Date of Birth _____

Grade Last Year 2010-2011 _____ Current Grade 2011-2012 _____

Names of Parents/Guardians _____/_____

Home Address: _____ Zip Code _____

Choice Schools

Considering the information contained in the attached letter please check one of the following options:

I understand that transportation will be provided to the accepting school.

___ **Yes:** I would like my child to transfer to (List your first then second choice.)

(1st) _____

(2nd) _____

___ **No:** My child will stay at his or her current school.

Parent Print Name _____

Parent's Signature _____

Day Phone _____ Cell Number _____

Evening Phone _____ Email _____