

No Child Left Behind (NCLB) Public School Choice/Transfer Request

Please print all requested information accurately and completely.

Please complete one application per child. Check ONLY Option 1 or Option 2 below.

Return this request form on or before October 15, 2011 to:

Bay-Arenac Community High School
Cindra Finney, Director of Guidance and Counseling
1608 Hudson Street
Essexville, Michigan 48732
(989) 893-8811
Fax: (989) 895-7749

Please complete the following student information:

Student's Name: _____

Student's Grade: _____ Student's Date of Birth: _____

Name of School Student Currently Attends: _____

Parent/Guardian Name: _____

Address: _____

Home Telephone: (____) _____ Alternate/Cell: (____) _____

Is this student currently enrolled in Special Education: ___ YES ___ NO

Parent/Guardian Statement:

I have received and understand the notification sent informing me that Bay-Arenac Community High School did not make Adequate Yearly Progress (AYP) in Graduation Rate and has been identified for improvement. I also understand that I have the option to transfer my child to another school that has not been identified for improvement and is making AYP. Based on this information, I choose:

___ **OPTION 1:** Remain at Bay-Arenac Community High School.

___ **OPTION 2:** Transfer to another school.

First Choice: _____

Second Choice: _____

Parent/Guardian Signature

Date