

# BAY CITY PUBLIC SCHOOLS

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

*Please print all requested information accurately and clearly*  
Please complete one application per child. Check ONLY Option 1 or Option 2 below.  
Return this request form on or before *August 20, 2012* to:

**Kolb Elementary**  
**Attn: Brian DuFresne**  
**305 W. Crump**  
**Bay City, MI 48706**

***Please complete the following student information:***

Student's Name: \_\_\_\_\_

Student's Grade for 2012/2013: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Name of School Student Currently Attends: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate or 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 Kolb Elementary has been identified as a school requiring improvement. I also understand that I have the option to transfer my child to another school that has not been identified as a school requiring improvement. Based on this information, I choose:

\_\_\_ OPTION 1: Transfer to another school.

First choice of school I wish to transfer my child to: \_\_\_\_\_

Second choice of school I wish to transfer my child to: \_\_\_\_\_

\_\_\_ OPTION 2: Remain at Kolb Elementary

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date