

Holly Ridge School Choice Request Form

Every Student Succeeds Act (ESSA)

Public School Choice (Act 853)

Student Name: _____ SSN: _____
(Please print) Last First

Address: _____ Zip Code: _____
Street City

Name of Parent or Legal Guardian: _____
(Please print)

Home Phone: _____ Business Phone: _____ Cell: _____

My child will be in the _____ grade next year (2018-2019).

SCHOOL CHOICES

Return this form to Holly Ridge by Wednesday, May 23, 2018. After May 23, 2018, return this form to the Richland Parish School Board office prior to 4:30 PM on Thursday, May 31, 2018.

Please indicate school by ranking 1st or 2nd next to your choice

K- 5th Graders

_____ Mangham Elementary
Letter Grade: B
_____ Start Elementary School
Letter Grade: C

6th Graders

_____ Mangham Junior High
Letter Grade: C
_____ Start Elementary School
Letter Grade: C

Transportation:

- My child will be picked up by a bus as early as 5:45 AM and dropped off as late as 5:00 PM
- If requesting choice for more than one child, please list other siblings. _____

Print Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED

- 1st Choice
 2nd Choice

Denied: _____

Supervisor Signature

Date