



Office of the Superintendent  
**BRENT A. VIDRINE, ED.D.**  
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## Madison James Foster School Choice Request Form

### *Every Student Succeeds Act (ESSA)*

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print) Last First

Address: \_\_\_\_\_  
Street Address Apt # City Zip Code

My child will be in the \_\_\_\_\_ grade next year (2019-2020).  
\*JS Clark Magnet School serves students in grades PK to 6.

Name of Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Return this form to the Superintendent's Office by 4:00 on Friday, April 5, 2019.  
LATE APPLICATIONS WILL NOT BE ACCEPTED.**

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ *Date*

\*To assist with transportation, list other siblings participating in or applying for Choice:  
\_\_\_\_\_

**Monroe City Schools will make every effort to honor your request, but we CANNOT guarantee that we will be able to do so. Lower achieving students receive priority in Act 853 transfers.**

**OFFICE USE ONLY**

<input type="checkbox"/>	Approved	_____	_____
<input type="checkbox"/>	Denied	Reason Denied: _____	<i>Supervisor Signature</i> <span style="margin-left: 50px;">_____</span> <i>Date</i>