



MONROE CITY SCHOOLS

Office of the Superintendent
BRENT A. VIDRINE, ED.D.
2006 Tower Drive * Monroe, LA 71201
Phone: (318) 325-0601 Fax: (318) 812-3604

Roy N. Shelling 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	_____	_____
		<i>Supervisor Signature</i>	<i>Date</i>
<input type="checkbox"/>	Denied	Reason Denied: _____	