Harrisburg School District School Choice Registration Form 2010-2011

Student's Last Name	First Name		M.I
Date of Birth	Parent/Guardian Name		
Street Address			
City	State	e	Zip Code
Home Phone No		Other Phone No.	
2010-2011 Current School			_ Current Grade
I have reviewed the so	chools availab	le to me for a	School Choice transfer.
My first and/or second choices are listed below:			
First Choice for Transfer: School Name			
Second Choice for Transfer: _		School Nam	ie
Signature of Parent or Guardia	an		
Date of Request			
Please return completed form to: Harrisburg School District, Office of the Superintendent, 2101 North Front Street, Building 2, Harrisburg, PA 17033, or fax to (717) 703-4115.			
For Office Use Only			
Transfer Request Approved T	o:	School Nam	ne
			: Notification:
Sending School Notified ($$): _		_ Receiving Scho	ool Notified (√):
Transportation: Yes No	Reason _		
Authorized Signature			