

# Anderson School District One SCHOOL CHOICE/OUT OF DISTRICT APPLICATION

Students typically attend school in the district and attendance area for which they are zoned. However, Anderson School District One does have a limited open enrollment policy. A parent/guardian who lives **in** the Anderson One school district may choose to enroll his/her student at another Anderson One school other than the one for which he/she is zoned if the criteria below are met. Also, a parent/guardian who lives **outside** the Anderson One school district may choose to enroll his/her student at an Anderson One school other than a school in the district for which he/she is zoned if the following criteria are met.

- The parent must provide his/her own transportation.
- The receiving school must have room – defined as a **24:1 or less student: teacher ratio** in the grade the student is entering. **(18:1 Title I Schools)**
- School choice is only available at the beginning of the school year prior to the first day of school. Applications must be completed each school year, and you must complete an application for each child. All sections must be completed on all applications.
- If all of the above criteria are met, the student will be admitted for **one school year only**. The parent must complete another application and the above criteria must be met each year school choice is requested. **Acceptance will be determined each year depending on student enrollment.**
- Out of district tuition in the amount of \$2735.00 is required for students living outside of Anderson School District One.

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### ***Section 1 Completed by Parent/Legal Guardian***

Student Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student DOB \_\_\_\_\_ Circle One: **School Choice**    **Out of District**

School student is zoned to attend \_\_\_\_\_ School student wishes to attend \_\_\_\_\_

Reason for transfer request \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### ***Section 2 Completed by School***

Approved    Not Approved    \_\_\_\_\_  
Signature of Principal of Requested School                          Date

Comments: \_\_\_\_\_

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### ***Section 3 Completed by District Office***

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Date Paid	Amount Paid	Check #	Received by	Approval
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