

School District of the City of River Rouge

**No Child Left Behind (NCLB) Public School Choice/Transfer Request**

***Please print all requested information accurately and clearly***

Please complete one application per child. Check ONLY Option 1 or Option 2 below.

Return this request form on or before September 6, 2011 to:

School District of the City of River Rouge  
Attn: Dolores Reid, Executive Director – State & Federal Programs  
1460 W. Coolidge Highway  
River Rouge, Michigan 48218  
(313) 297-9600, #1604  
(313) 297-6525 (Fax)

***Please complete the following student information:***

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Name of School Student Currently Attends: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate or Cell: (\_\_\_\_) \_\_\_\_\_

Is this student currently enrolled in special education? [ ] Yes [ ] No

**Parent/Guardian Statement:**

I have received and understand the notification sent informing me that Ann Visger K-5 Preparatory Academy did not make adequate yearly progress (AYP) and has been identified for improvement. I also understand that I have the option to transfer my child to another school that has not been identified for improvement and is making AYP. Based on this information, I choose:

[ ] **OPTION 1:** Transfer to another school

First choice of school I wish to transfer my child to: \_\_\_\_\_

Second choice of school I wish to transfer my child to: \_\_\_\_\_

[ ] **OPTION 2:** Remain at Ann Visger K-5 Preparatory Academy

\_\_\_\_\_  
Parent/Guardian Signature  
AV Choice Transfer Request Form

\_\_\_\_\_  
Date