

**“Attachment B”**  
**S/D of the City of River Rouge**  
**Elementary and Secondary Education Act (ESEA)**  
**Public School Choice/Transfer Request**

Please print all requested information accurately and clearly  
Complete one application per child.

**Return this request form on or before October 4, 2010**

S/D of the City of River Rouge  
Dolores Reid, Executive Director – State & Federal Programs  
1460 W. Coolidge Highway  
River Rouge, MI 48218  
Phone: (313) 297-9600

*Please complete the following student information:*

Student Name: \_\_\_\_\_

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

Name of School Student Currently Attends: River Rouge High School

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

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

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Alternate/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 River Rouge High School 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 Melvindale High School

[   ] Option 2: Transfer to Lincoln Park High School

[   ] Option 3: Remain at River Rouge High School

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date