



Office of the Superintendent  
 David Gray  
 4099 Naff Avenue, Bastrop, LA 71220  
 Phone: (318) 283-3430 Fax: (318) 283-3456

## School Choice Request Form

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 (Please Print) Last First

Address: \_\_\_\_\_  
 Street Address Apt # City Zip Code

My child will be in the \_\_\_\_\_ grade next year (2022-2023).

Name of Parent/Legal Guardian: \_\_\_\_\_  
 (Please Print)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ I am requesting that my child attend \_\_\_\_\_ CHOICE \_\_\_\_\_ under School Choice Guidelines

**Return this form to the Child Welfare and Attendance Office by 3:00 on Friday, April 14, 2023.**  
**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ *Date*

\*To assist with transportation, list other siblings participating in or applying for Choice:

\_\_\_\_\_

**MPSB 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 checked="" type="checkbox"/>	Approved	_____	_____
		<i>Supervisor Signature</i>	<i>Date</i>
<input type="checkbox"/>	Denied	Reason Denied: _____	