



### School Choice Program Application

**Please note: Only a limited number of School Choice slots are available each year.** Every school has a different number of slots depending on the size of the school and limits established in congruence with VT Law.

- On or before March 1: Students seeking to attend a different high school for the next school year must apply, in writing, for choice, to the high school where they reside.<sup>1</sup>
- A nondiscriminatory lottery, if required, will be conducted to fill available outgoing School Choice slots for the next school year. Approved applications will immediately be forwarded to the potential first choice receiving school.
- Receiving schools process requests, using a nondiscriminatory lottery if necessary.
- On or before April 1<sup>st</sup>, receiving schools notify sending schools and families, in writing, of the outcome of the lottery, if any.<sup>2</sup>
- On or before April 15<sup>th</sup>, families must give decisive written notice to the sending and receiving schools of their intention to accept or decline an offered School Choice opening. **Failure to timely make and communicate a clear decision risks forfeiture of choice.**<sup>3</sup>

**If the student is a minor (under the age of 18), a parent or guardian should sign the form. If the student is 18 or older, the student may solely sign the form.**

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Student Date of Birth*

\_\_\_\_\_  
*Student Email Address (if student is 18 or older)*

\_\_\_\_\_  
*Student Cell Phone (if student is 18 or older)*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Physical Address (if different from mailing)*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Town/City of Legal Residence*

\_\_\_\_\_  
*Current School Student is Attending*

\_\_\_\_\_  
*Name of Parent/Guardian 1*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Name of Parent/Guardian 2*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Phone*

Are you anticipating a change in residency status (will you be moving) at any time during the next school year?  
If yes, please explain: \_\_\_\_\_

<sup>1</sup>16 V.S.A. §822a(e)(1)

<sup>2</sup>§822a(e)(2)

<sup>3</sup>§822a(e)(3)

SCHOOL(S) APPLYING TO FOR THE 20\_\_\_\_\_/20\_\_\_\_\_ SCHOOL YEAR:

1<sup>st</sup> Choice High School: \_\_\_\_\_

2<sup>nd</sup> Choice High School: \_\_\_\_\_

3<sup>rd</sup> Choice High School: \_\_\_\_\_

GRADE LEVEL THE STUDENT WILL BE ENTERING: \_\_\_\_\_

**SIGNATURES:**

We have read and understand the guidelines pertaining to the School Choice Program. We understand that parents and guardians are responsible for the transportation of our students to and from the choice school, and that our student must adhere to the academic and behavioral expectations established by the choice school district. Acceptance into a School Choice Program is contingent upon a determination by cooperating schools that a student is in good standing.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Sending School's Principal Signature*

*(A signature indicates sending school's application approval.)*

\_\_\_\_\_  
*Date*

**Deliver this application to:**

**WOODSTOCK UNION HIGH SCHOOL  
ATTN: PRINCIPAL  
100 AMSDEN WAY  
WOODSTOCK, VT 05091**



To be completed by the Principal of the receiving school:

Student has been accepted as a School Choice student for the 20\_\_/20\_\_ school year entering grade \_\_\_\_.

Student has not been accepted as a School Choice student for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Receiving School Principal Signature*

\_\_\_\_\_  
*Date*

*(Receiving Principal to send signed copy to both the sending school and the family.)*