



Choice Application

Revised August 2018

Mail to: Marietta City Schools

Choice Program

250 Howard Street

Marietta, Georgia 30060

(Fax) 770-429-3109

***Do not complete this form** if student is already in the choice program. You will receive a renewal MCS Enrollment Agreement Form from the local school.

Choice Criteria

1. Parent/Guardian agrees to provide transportation for the student.
2. Grade level and classroom space are available at the requested school(s).
3. Required student services and programs necessary for student success are available at the requested school(s).
4. Assigned Choice space not used by applicant in approved year will disqualify applicant for Choice in future years.

PLEASE PRINT (Submit one form per student)

Parent/Guardian Information

Last Name _____ First Name _____ MI _____

Address _____ (Apt. _____) City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Student Information

Last Name _____ First Name _____ MI _____

Current School _____ Current Grade _____

Zoned School _____ Grade Placement for 2018-2019 _____

If more than one child (sibling) is currently a K-5 student attending MCS, check here _____

Note: Sibling may be given priority enrollment consideration pursuant to meeting all other criteria, including continued enrollment for student(s) currently enrolled in the Choice school.

Sibling's Name _____ School _____ Grade _____

Also include with this form:

1. Enrollment Agreement
2. Student Registration Form
3. One of the following: Residential property tax statement or deed, lease, rental agreement or rent receipt
4. Utility bill (gas, water, home telephone or cable TV)

Mark your 1st and 2nd choice below. ONLY SELECT TWO SCHOOLS.

A.L. Burruss Elementary	1 st () 2 nd ()	Park Street Elementary	1 st () 2 nd ()
Dunleith Elementary	1 st () 2 nd ()	Sawyer Road Elementary	1 st () 2 nd ()
Hickory Hills Elementary	1 st () 2 nd ()	West Side Elementary	1 st () 2 nd ()
Lockheed Elementary	1 st () 2 nd ()		

Parent/Guardian Signature _____ Date _____

MCS EMPLOYEES ONLY

MCS Job Title _____ MCS Work Location _____

Is this a request for **Work Site Placement**? ___ Yes ___ No

THIS SECTION TO BE COMPLETED BY SCHOOL SYSTEM

_____ APPROVED _____ DENIED

Comments: _____

Superintendent (or Designee) Signature _____ Date _____