4.5F3--SCHOOL CHOICE ACCEPTANCE LETTER - IMMEDIATE TRANSFER NOT AVAILABLE

Dear *Parent's name*,

The application you submitted for *Student's Name* has been accepted. The *School's Name* does not have any openings in your student's grade, program, or building that would allow *Student's Name* to immediately transfer to *School's Name*; however, *School's Name* has openings in the grade, program, or building that *Student's Name* will be enrolling in next school year. *School's Name* looks forward to welcoming *Student's Name* as a student during the next school year.

To better assist the district in determining the proper placement of *Student's Name*, please submit the information listed below to *district or school's address* by *insert date*. In addition to the information you submit, records may be requested from the student's current district/school, and final placement may depend on the content of those records as to appropriate grade placement, program placement or services required. A student who has not previously attended an Arkansas public school or did not attend an Arkansas public school in the previous academic year may be evaluated by the district prior to enrollment, and the results of that evaluation could impact final placement.

1. For students applying to enroll in first grade or higher: a copy of the student's transcript from the school where the student is currently enrolled. The student's permanent record, including the original transcript, will be requested

from the school immediately following the student's actual enrollment in our district.

2. Proof of the student's age; This can be done by providing one of the following:

A. Birth certificate;

B. A statement by the local registrar or a county recorder certifying the child's date of birth;

C. An attested baptismal certificate;

D. A passport;

E. An affidavit of the date and place of birth by the child's parent or guardian;

F. United States military identification; or

G. Previous school records.

3. The student's health care needs at school.

4. *Student's name* age-appropriate immunization record or an exemption granted for the previous school year and a statement of whether or not the parent is intending to continue the exemption for the upcoming school year.

Failure to provide the information requested by the date indicated in this letter shall void and nullify this letter's acceptance.

Respectfully,

Insert name

Insert position/title