



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 (2024-2025).

Name of Parent/Legal Guardian: _____
(Please Print)

Home Phone: _____ Business Phone: _____ Cell Phone: _____

CHOICE

_____ I am requesting that my child attend _____ under School Choice Guidelines

Return this form to the Child Welfare and Attendance Office by 3:00 on Friday, April 12, 2024.
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 type="checkbox"/>	Approved	_____	_____
		<i>Supervisor Signature</i>	<i>Date</i>
<input type="checkbox"/>	Denied	Reason Denied: _____	