

SEATTLE PUBLIC SCHOOLS 2018-19 SCHOOL CHOICE FORM

All Seattle Public Schools choice assignments are subject to space availability. Completing this form does not guarantee an assignment. Some programs and/or special services may not be offered at your preferred school- a list of program offerings and locations are available online at www.seattleschools.org/admissions/school_finder. New students must first register online at www.seattleschools.org/admissions to obtain their student identification number. **Non-resident and Early Entrance Kindergarten students are not eligible to participate in the Open Enrollment School Choice process.**

Student Name: _____
LAST FIRST MIDDLE

Student Address: _____
STREET APT/UNIT ZIP

Grade in 2018-19: _____ Student ID or Date of Birth: _____

*Sibling Tiebreaker, if applicable: (For the tiebreaker to apply: A. At least one of the older siblings must be attending the choice school in the current and following school year- 2017-18 and 2018-19; B. the choice application must be received during the on-time period: **Feb. 5-16, 2018.**)

Sibling's Name: _____ Sibling's ID or Date of Birth: _____

Keep Siblings Together: I want to keep my students together. My students will not receive choice assignments, unless there are seats available for all of my students.

List Your Preferred School(s):

Priority	School	Program
1		
2		
3		
4		
5		

Native Heritage Speakers: My student is a fluent speaker of Spanish or Japanese and is applying for dual language immersion at either John Stanford or McDonald International. I understand that a proficiency test required for K and 1st grade prior for language placement but grades 2-5 is for admittance only). I understand that my student is not guaranteed an assignment in their preferred language unless they pass the proficiency assessment.

***Highly Capable Cohort (HCC) and dual language immersion students must submit this form to opt in to their designated pathway during the two-week on-time Open Enrollment period (Feb. 5-16, 2018) for an assignment.**

Signature of Parent or Guardian: _____ Date: _____

<i>For Office Use Only</i>	
Date Stamp: _____	Received by: _____