

2006 Tower Drive * Monroe, LA 71201 Phone: (318) 325-0601 Fax: (318) 812-3604

School Choice Request Form

	Every Student Su	acceeds Act (ESSA)		
Student Name:		SSN:		
(Please Print) La	ast	First		
Address:				
Street Ac	ldress ip Code	Apt #	City	
*		ear (2024-2025). serves students in grades PK to 6 erves students in grades 7 and 8.		
Name of Parent/Legal (Guardian:(Please Print)			
Home Phone:	Business Phone:	Cell Phone:		
	the Superintendent's ONS WILL NOT BE	Office by 3:00 on Friday, ACCEPTED.	April 12, 2024.	
Parent/Guardian Signature		Da	Date	
*To assist with transporta	tion, list other siblings partie	cipating in or applying for Choice:		
Monroe City Schools wil will be able to do so. Low	l make every effort to hon ver achieving students reco	or your request, but we CANNO eive priority in Act 853 transfers.	T guarantee that we	
OFFICE USE ONLY				