



Sam Moore, Superintendent
2006 Tower Drive
Monroe, LA 71201
318.325.0601

School Choice Request Form

Every Student Succeeds Act (ESSA)

Student Name : _____ SSN: _____
Please print (Last, First)

Address: _____
Street Apartment # City

My child will be in the _____ grade next year (2026-2027).

Their zoned school is _____.

Name of parent/legal guardian _____
(Please print)

Home phone: _____ Business phone: _____ Cell phone: _____

**Return this form to the Superintendent's office by 12:00 on Monday, March 30, 2026.
LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Parent/guardian signature _____
Date

*To assist with transportation, list other siblings applying for School Choice:

Monroe City Schools 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. This application is for currently enrolled Monroe City Schools' students only. Approval is for one academic school year, and is not transferable.

OFFICE USE ONLY

<input type="checkbox"/> Approved	 _____	 _____
	<small>Supervisor signature</small>	<small>Date</small>
<input type="checkbox"/> Denied	Reason denied: _____	