

WALKERVILLE PUBLIC SCHOOLS
School of Choice 2021-2022
Intent to Continue

Student Name: _____ Grade in 21-22: _____
Student Name: _____ Grade in 21-22: _____
Student Name: _____ Grade in 21-22: _____
Student Name: _____ Grade in 21-22: _____
Student Name: _____ Grade in 21-22: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Phone: _____

District of Residence: _____

I am requesting that my child/children be allowed to continue their enrollment as a School of Choice student for the 2021-2022 year.

I understand and agree to the following policies:

- Walkerville Public Schools does **not** transport Schools of Choice students other than its designated pick up and drop off spots.
- I will notify the school promptly if any of the above information changes.

Parent/Guardian Signature: _____ **Date** _____

[Office Use Only] Date Received ____ / ____ / ____ By _____
