

**Harrisburg School District
School Choice Registration Form 2011-2012**

Student's Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Other Phone No. _____

2010-2011 Current School _____ Current Grade _____

I have reviewed the schools available to me for a School Choice transfer.

My first and/or second choices are listed below:

First Choice for Transfer: _____
School Name

Second Choice for Transfer: _____
School Name

Signature of Parent or Guardian _____

Date of Request _____

**Please return completed form to: Harrisburg School District, Office of the Superintendent,
2101 North Front Street, Building 2, Harrisburg, PA 17033, or fax to (717) 703-4115.**

For Office Use Only

Transfer Request Approved To: _____
School Name

Effective Date of Transfer: _____ Date of Parent Notification: _____

Sending School Notified (√): _____ Receiving School Notified (√): _____

Transportation: Yes _____ No _____ Reason _____

Authorized Signature _____