# Harrisburg School District
# School Choice Registration Form 2012-2013

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. _____

2012-2013 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:*(circle one)* Melrose Sch (grades K–6) Math Science Academy (grades 5–8) SciTech High Sch (grades 9–12)

Second Choice for Transfer:*(circle one)* Melrose Sch (grades K–6) Math Science Academy (grades 5–8) SciTech High Sch (grades 9–12)

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) 703-4087.**

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**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 _____

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