

New Applicants

FLUSHING COMMUNITY SCHOOLS
NEW IN-DISTRICT SCHOOLS OF CHOICE
Application for 2020-2021 School Year

For Office Use Only
Date Received: _____
Received By: _____

I am requesting my child(ren) attend _____ Elementary.

Name 2020-2021 Grade

Name 2020-2021 Grade

I will:

- * Have my child(ren) remain at the requested school for the entire (or remainder of) the school year.
- * Recognize that instruction at the beginning and ending of each day will be interrupted if I choose to use Flushing Schools transportation shuttle.

School currently attending (2019-2020) _____

Do you have other children attending this school through the in-district "School of Choice" Program? Yes _____ No _____

Elementary school boundary in which you reside _____

Home Address _____

Daytime Telephone _____

Parent Signature _____ Date _____

Principal Signature _____ Date _____
(School of Choice)

Principal Signature _____ Date _____
(Releasing School)

MUST BE SUBMITTED BY THURSDAY, APRIL 9, 2020

NOTIFICATION WILL BE MADE NO LATER THAN JULY 31, 2020 FOR APPLICATIONS SUBMITTED BY APRIL 9, 2020.