

**RMS School Choice Request Form**  
2010-2011

Return by (Specify required delivery method, e-mail, fax, mail) to (name and location) no later than (date).

Student's Name \_\_\_\_\_

Student's Home Address \_\_\_\_\_

School Attending Now \_\_\_\_\_

I would like to take advantage of the Public School Choice option for my child.

Select a first and second choice from school named in the letter. If you have only one preference, list only one school.

**1<sup>st</sup> Choice:** \_\_\_\_\_ (Insert name of school.)

**2<sup>nd</sup> Choice:** \_\_\_\_\_ (Insert name of school.)

\_\_\_\_\_  
Signature of Parent or Guardian

**Remember:** The Hawkins County School District will notify you when the choice option will take effect and when your child may start attending the Choice School. Please contact Reba Bailey at 423-272-7629, ext 115, or e-mail [reba.bailey@hck12.net](mailto:reba.bailey@hck12.net), if you have questions or need additional information.