

Start Elementary School Choice Request Form

Every Student Succeeds Act (ESSA)

Public School Choice (Act 853)

Return this form to the Richland Parish School Board by **Monday, April 4, 2022.**

Student Name: _____ SSN: _____

(Please print) Last First

Address: _____ Zip Code: _____

Street

City

Name of Parent or Legal Guardian: _____

(Please print)

Home Phone: _____ Business Phone: _____ Cell: _____

My child will be in the _____ grade next year (2022-2023).

SCHOOL CHOICES

Return this form to the Richland Parish School Board by **Monday, April 4, 2022**

K- 5th Graders

_____ Mangham Elementary

Letter Grade: B

_____ Holly Ridge School

Letter Grade: C

6th -8th Graders

_____ Holly Ridge School

Letter Grade: C

Transportation:

- My child will be picked up by a bus as early as 5:45 AM and dropped off as late as 5:00 PM
- If requesting choice for more than one child, please list other siblings. _____

Print Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED

1st Choice

2nd Choice

Denied: _____

Supervisor Signature

Date