



**Expanded Choice Application – continued**

9. Does the student have any brothers or sisters applying to the choice school for the 2011 - 2012 school year? **If yes, please complete the following:**

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Last Name	First Name	MI	Birth Date	Grade	School
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Last Name	First Name	MI	Birth Date	Grade	School
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\*If student is not currently enrolled in Aiken County Public Schools, please provide proof of residency in Aiken County (attach to this application).

\*At registration, schools will request birth certificate, immunization records, and complete address of present school for students new to Aiken County.

\*Please note – The entire form must be completed and all requested documents attached before the request will be considered.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*District Use Only\*\*\*\*\***

Date Request Received \_\_\_\_\_

Time Request Received \_\_\_\_\_

**Acceptance Status for 2011 - 2012**

Approved for attendance at \_\_\_\_\_

Not Approved

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Receiving Area Assistant Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Sending Area Assistant Superintendent Signature (if different) \_\_\_\_\_ Date \_\_\_\_\_