



Office of the Superintendent  
Dr. Jesse Winston, Jr.  
4099 Naff Avenue, Bastrop, LA 71220  
Phone: (318) 283-3430 Fax: (318) 283-3456

## School Choice Request Form

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Please Print) Last First

Address: \_\_\_\_\_  
Street Address Apt # City Zip Code

My child will be in the \_\_\_\_\_ grade next year (2026-2027).

Name of Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ CHOICE  
\_\_\_\_\_ I am requesting that my child attend \_\_\_\_\_ under School Choice Guidelines

**Return this form to the Child Welfare and Attendance Office by 3:00 on Friday,  
April 10, 2026.  
LATE APPLICATIONS WILL NOT BE ACCEPTED.**

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

\*To assist with transportation, list other siblings participating in or applying for Choice:

\_\_\_\_\_

**MPSB will make every effort to honor your request, but we CANNOT guarantee that your request will be approved. Lower achieving students receive priority in Act 853 transfers.**

OFFICE USE ONLY

<input type="checkbox"/>	Approved	_____ <i>Supervisor Signature</i>	_____ <i>Date</i>
<input type="checkbox"/>	Denied	Reason Denied: _____	