

School Boundary Input Form

School Name:	
<p>Criteria for redistricting:</p> <ul style="list-style-type: none"> Current enrollment Existing identifiable boundaries School locations Student transportation 	<p>Purpose of redistricting:</p> <ul style="list-style-type: none"> - Provide housing for the majority of students in standard classrooms - Relieve overcrowding of schools - Balance enrollment among schools - When possible minimal disruption of students
<p>Input: I/we have reviewed the draft boundary and <i>(please check one)</i></p> <p style="text-align: right;"><input type="checkbox"/> I/we support this boundary</p> <p style="text-align: right;"><input type="checkbox"/> I/we do not support this boundary</p> <p><i>Please suggest proposed changes if you DO NOT support the proposed boundary based on the above Criteria for redistricting.</i></p>	

Signature
Print Name
Address
Phone
E-Mail

Check One	
Parent	<input type="checkbox"/>
Community Member	<input type="checkbox"/>
Educator	<input type="checkbox"/>

Additional input or pages may be attached

Please return this form to:

GCPS Planning Department
 437 Old Peachtree Road
 Suite 1.310
 Suwanee, GA 30024
 ATTN: MARLA MURPHY
 OR
 RETURN FORM TO SCHOOL

Deadline: December 11, 2015