



2700 KEARNS BOULEVARD
PARK CITY, UT 84060

OFFICE: (435) 645-5600
FAX: (435) 645-5609

MCPOLIN ELEMENTARY SCHOOL

DUAL IMMERSION

“OPT OUT” FORM

DATE _____

I am formally requesting that my student who currently resides within the boundary of McPolin Elementary School “OPT OUT” of the school wide Dual Immersion Program. Once this transfer is approved through the district office, it will remain in effect through the 5th grade, or unless our primary address changes and we move into the boundary of another elementary school.

Student Name _____ Current Grade Level _____

Legal Address _____ Phone _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Parent Name _____ Email _____

Boundary School MCPOLIN ELEMENTARY SCHOOL Requested School _____

I understand that transportation routes are limited and will be set by the transportation department. If this request is granted, I agree that my child must remain at the requested school through the end of the 5th grade.

_____ Parent/Guardian Signature			_____ Home Phone	_____ Work Phone
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Principal Signature _____ Date _____

Additional Comments:

For questions regarding the Dual Immersion Program at McPolin Elementary

Contact: Kathy Einhorn

Phone: (435) 645-5600

Email: keinhorn@pcschools.us

Submit application to: Park City School District

Contact: Lorie Pearce

Phone: (435) 615-0225

Email: lpearce@pcschools.us Fax: (435) 645-5609 Park

City School District | 2700 Kearns Boulevard | Park City, UT 84060 |

Rev. 4/22/15