



## SCHOOLS OF CHOICE APPLICATION FOR PARTICIPATION

Application Date \_\_\_\_\_ Student Name \_\_\_\_\_

Student Grade (entering) \_\_\_\_\_ Student Birthdate \_\_\_\_\_

Last School Attended \_\_\_\_\_

Resident School District (district where you live) \_\_\_\_\_

Address: \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Legal Guardian's Name (if applicable) \_\_\_\_\_ Contact No. \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

Does the student require Special Education services?  Yes  No

If yes, please identify the program(s) required to serve the student \_\_\_\_\_

Has student ever been suspended and/or expelled from school?  Yes  No

If yes, indicate the reason for the suspension and/or expulsion: \_\_\_\_\_

Number of days suspended/expelled \_\_\_\_\_ Date(s) of suspension/expulsion \_\_\_\_\_

Records, including discipline and attendance, may be requested from the previous school. Do you give permission for the student's records to be released?  Yes  No

Transportation will be the responsibility of the applicant/parent/guardian.

Michigan High School Athletic Association regulations apply to all transfers involving high school age students.

Applications can be made to only one K-12 school district within the Jackson County Intermediate School District.

As the parent/guardian of the applicant, the undersigned, hereby understand and agree to abide by the information set forth in this application and agree that any false or incomplete information provided may disqualify my application for a School of Choice position in the Columbia School District as well as the rules and regulations set forth in the School of Choice legislation and as issued by the Department of Education from time-to-time.

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

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Authorized Signature/Title \_\_\_\_\_ Date \_\_\_\_\_