LAKEVILLE COMMUNITY SCHOOLS
Section 105 (Inside Genesee County)
School of Choice Application
2017-2018 School Year

Parent/Guardian Request to Enroll Child in a School of Choice.
All applications must be completed and returned to:
LAKEVILLE COMMUNITY SCHOOLS - 11107 Washburn Rd., Otisville, MI 48463 by September 8, 2017.
Failure to meet this deadline will result in denial of request.

I. Student Information

Last Name _____ First Name _____ Middle Initial _____ School District of Residence _____

Street Address _____ City _____ State _____ Zip _____

Gender: ___Male ___Female Date of Birth: _____

SIBLING(S) INFORMATION:
List the full name(s) of sibling(s) currently enrolled in the LakeVille section 105 State School of Choice program:

_____ _____

_____ _____

List the full name(s) of sibling(s) also submitting an application to the Section 105 State Schools of choice program:
(A separate application must be submitted for each child)

_____ _____

_____ _____

Total number of applications submitted today: _____

PARENT/GUARDIAN INFORMATION:

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

II. 2016-2017 – Current School/Enrollment Information

School District Student Attended in 2016-2017 _____

Grade in 2016-2017 _____ Number of Credit Earned to Date (High School Students only) _____

Student Special Education Service Status (Attach IEP or 504 Plan to this Application)

WITHIN THE LAST TWO YEARS:

Has Student been suspended? Yes No

If yes, provide date: Reason:

Has Student been expelled? Yes No

If yes, provide date: Reason:

Has Student withdrawn from school? Yes No

If yes, provide date: Reason:

"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports, Special Education, 504 or other specialized programs, pursuant to this application to the district which I am applying as a School of Choice for 2017-2018."

"All information I have provided in this application is true and correct. I understand that providing any false information on this application may be sufficient grounds for denial."

Parent/Guardian Signature Date

RESPONSE FROM RECEIVING SCHOOL DISTRICT

Receiving District Date Received

This application has been reviewed in accordance with the policies and procedures set forth in the Section 105c Schools of Choice Program –2017-2018 and is hereby

_____ *Approved* _____ *Denied*

Signature of Superintendent or Designee Date

LAKEVILLE COMMUNITY SCHOOLS OF CHOICE CONTACT PERSON:

Lisa Hendrickson, Superintendent Secretary 810-591-3980

APPLICATION INFORMATION HAS BEEN USED TO DETERMINE DISTRICT/BUILDING ASSIGNMENT FOR STUDENT:

School Building

Principal