LAKEVILLE COMMUNITY SCHOOLS Section 105C (Outside 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**

II.

| Last Name | First Name | Middle Initial | | School District of Residence |
|-----------------------------|--|-----------------------------|--------------------|------------------------------|
| Street Address | | City | State | Zip |
| Gender:MaleFemale | | Date of Birth: | | |
| SIBLING(S) INFOR | | . 1050.0.1 1.60 | | |
| ist the run name(s) or sion | ing(s) currently enrolled in the LakeVille | e section 103C School of Ch | oice program: | |
| | ing(s) also submitting an application to t | - | choice program: | |
| A separate application into | ist de subilitateu foi éach child) | | | |
| otal number of application | ns submitted today: | - | | |
| PARENT/GUARDIA | AN INFORMATION: | | | |
| ast Name | First Nan | ne | | Middle Initial |
| treet Address | | City | State | Zip |
| Iome Phone: | | Cell Phone: | | |
| 2016-2017 – Curi | rent School/Enrollment In | formation | | |
| | | | | |
| hool District Student Atte | nded in 2016-2017 | | | |
| rade in 2016-2017 | | Number of Credit | Earned to Date (Hi | h School Students only) |

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 Yes If yes, provide date: Reason: Has Student withdrawn from school?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." Date Parent/Guardian Signature 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 _ Denied _Approved 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