

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
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Street Address	City	State	Zip
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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)
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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Has Student withdrawn from school?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