

Schools of Choice Application

A separate application must be completed and returned by _____ for each child seeking admission.

I am requesting admission to the following: **ONSTED COMMUNITY SCHOOLS Building/Grade:** _____

Student Information:

Student's Name _____ Male _____ Female _____ Date of Birth _____

Address _____ City/State/Zip _____

Telephone _____

School District most recently attended _____

School District in which you live _____

Grade entering this fall _____ Building scheduled to attend in current District _____

Special services required by student (please specify) _____

Parent(s) Guardian(s) Name _____

Address _____ City/State/Zip _____

Home Telephone. _____ Work Telephone _____

Reason(s) for requesting admission under Schools of Choice: _____

By signing this application, I authorize transfer of records and certify that:

- 1) I understand transportation is not provided under Schools of Choice;
- 2) I understand athletic eligibility status is established by the Michigan High School Athletic Association;
- 3) My child has never been expelled from any public or private school;
If your child has been expelled, please explain: _____
- 4) My child has not been suspended from any public or private school in the past two years;
If your child has been suspended, please explain and list dates: _____
- 5) I have not nor do I intend to apply for admission to other Schools of Choice programs;
- 6) I have accurately and completely provided for all of the information requested on this application.

Parent/Guardian Signature

Date

Student Signature (If over 18 years of age)

Date

Approve: _____
Principal

Date