

SAND CREEK COMMUNITY SCHOOLS
2017/2018 School Year Schools of Choice Application - 2nd Semester

A separate application for each child must be completed and returned as soon as possible, but no later than **January 19, 2018** for each child seeking admission.

STUDENT INFORMATION

Student Legal Name: _____ Grade entering: _____
Date of Birth: _____ Age: _____ Male: _____ Female: _____
Student Physical Address: _____
City: _____ State: _____ Zip Code: _____
School district in which you live in: _____ County: _____
Special Services required: _____ Date of Latest IEP: _____

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian Name: _____ Relationship: _____
Best number to reach you: _____ E-mail: _____
Do you have any other children attending or applying at Sand Creek Community Schools for School of Choice? _____
If YES, please list name and grade:

PREVIOUS SCHOOL INFORMATION

Name of School child last attended: _____
School Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

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

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

1. I understand that transportation is not provided under Schools of Choice.
2. Athletic eligibility status is established by the Michigan High School Athletic Association.
3. Has your child been suspended or expelled from any public or private school? Yes No
If your child has been suspended or expelled, please list date(s) and give specific information: _____
4. I have accurately and completely provided all of the information requested on this application.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18 years of age): _____ Date: _____

The Sand Creek Board of Education complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan Department of Education. It is the policy of the Sand Creek Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, limited English, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education and the Michigan State Department of Education.

FOR OFFICE USE ONLY

Date Received:
Time Received:
Received by:
Date letter mailed:

This application has been: APPROVED DENIED
Date: _____
District Representative: _____