

**LELAND PUBLIC SCHOOL DISTRICT (NORTH ED) COOPERATIVE
SCHOOLS OF CHOICE PROGRAM APPLICATION FOR
PARTICIPATION (FY2022-23)**

Received Date: _____ Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: ____ Date: ____
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Student Name: _____

APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)

Applicant Student Name: _____	Student Grade (entering FY22-23) _____
Student Birth Date: _____	Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/>
District of Residence: _____	Last School attended _____
Sibling #1 Name: _____	Student Grade (entering FY22-23) _____
Student Birth Date: _____	Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/>
District of Residence: _____	Last School attended _____
Sibling #2 Name: _____	Student Grade (entering FY22-23) _____
Student Birth Date: _____	Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/>
District of Residence: _____	Last School attended _____

REASON(S) FOR SEEKING TO ENROLL IN THE _____ School DISTRICT: _____

Parent/Guardian:

Parent/Guardian Name: _____	County: _____
Telephone: _____	Address: _____
Are any siblings currently enrolled/attending the _____ Schools District? <input type="checkbox"/> Yes <input type="checkbox"/> No	City & Zip: _____

If yes, please list name and grade: _____

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons? Yes No

If yes, please provide an explanation: _____

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES? Yes No
 OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? Yes No If Yes, please provide an explanation: _____

Please read and acknowledge the following by checking the boxes and signing below:

I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.

I understand that I am committing to enroll the above named student for a period of not less than one academic year.

I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.

I understand transportation will be the responsibility of the parent/guardian.

I understand Michigan High School Athletic Association regulations apply to all high school age transfers.

I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

I agree to hold the _____ District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released? Yes No

Parent Signature: _____ Date: _____

RESIDENT SCHOOL DISTRICT INFORMATION: (To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons? Yes No

If yes, please provide an explanation: _____

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? Yes No

If yes, please provide an explanation: _____

Completed by: _____ Date: _____ Resident School: _____ **Schools**

Signature/Superintendent Releasing Student: _____ Date of Release: _____

Signature/Accepting Superintendent: _____ Date: _____

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the _____ School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.