

EATON RAPIDS PUBLIC SCHOOLS SCHOOLS OF CHOICE APPLICATION

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| <i>For Administrative Use Only</i> |
| Date form received _____ |
| Time form received _____ |
| Form received by _____ |

Academic School Year _____ - _____

Female Male Birth Date: _____ Grade Applying For: _____

Student's Full Legal Name: _____

Last school attended: _____

Has this student ever been: (check all that apply) suspended expelled been convicted of a felony

If so, list the names of all schools involved:

Has this student ever received special education services? Yes No

Is this student receiving services under Section 504? Yes No

This student lives with (print names): _____

If not custodial parent/guardian, describe relationship: _____

Address: _____

City/ZIP: _____ Home phone: _____ Work phone: _____

Other phone contact information: _____

By signing below I certify that the information provided above is accurate. I also agree that I have read and understand the information regarding who can choose, how to apply, grade level placement, discipline, special services, transportation, enrollment, and change in resident district. I also hereby grant permission for any and all school records for the above named student to be released at the request of any Eaton Rapids Public Schools staff member.

Signature of Parent or Guardian _____ Date

Recommendation for enrollment: *For Administrative Use Only*

Building Principal yes no _____
Signature _____ Date

Special Services Director yes no _____
Signature _____ Date

Permission to proceed with enrollment:
Superintendent approved denied _____
Signature _____ Date