EATON RAPIDS PUBLIC SCHOOLS
SCHOOLS OF CHOICE APPLICATION

For Administrative Use Only

Date form received _____

Time form received _____

Form received by _____

Academic School Year _____ - _____

Term/Semester: ☐ First ☐ Second ☐ Third

School applying for:
- ❒ High School (9-12)
- ❒ Middle School (7-8)
- ❒ Greyhound Intermediate (4-6)
- ❒ Northwestern Elementary (2-3)
- ❒ Lockwood Elementary (Montessori-K-1)
- ❒ Greyhound Central (Young Fives)

Student's Full Legal Name: _____

Grade: _____ ❑ Female ❑ Male Birth Date: _____

Lives with – Print Name(s): _____

If not custodial parent/guardian, describe relationship: _____

Address: _____

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

Other phone contact information: _____

Resident School District: _____

Last school attended: _____

Has the student ever (check all that apply): ❒ been expelled ❒ been suspended ❒ dropped out of school

If yes, list school(s) and reason(s):

_____

Has the student ever received Special Education services? Yes ❒ No ❒
Is the student receiving services under Section 504? Yes ❒ No ❒
If yes to either of the above, indicate placement and attach most current IEP Team report (if applicable):

_____

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 of 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*