105 Schools of Choice - Lapeer County Application for Fall Enrollment 2020-2021 School Year

Instructions: Kindergarten through twelfth grade students residing in a participating district may apply to attend any other participating public school district in the Lapeer I.S.D. Complete one application for each student. Every question under Section 1 MUST be answered. Completed application must be sent to North Branch Area Schools by **4:00 P.M. August 27, 2020.**

Section 1 - To be completed by the Student's Parent/Guardian:

Student Name:		Birthdate:			Sex:	□ Male	☐ Female	
Last	First		M.I.	Month/Da				
Student Address:Street		City		Zip (Code	Cour	nty:	
School Currently Attending:_		•		•		Grade f	for 20-21:_	
Resident District of Student:_		_ Requested Dist	trict/Building	for Schools of (Choice:_			
Parent/Guardian Name:				# Home:		Work:		
La	ast Firs	t	M.I.					
Parent/Guardian Address (if	different from student add	ress):						
Reasons for Transfer Reques	st:		Street			City		Zip Code
Does your child have a behave	vior plan?	□ No □	Yes					
Has this student ever been so If yes, give district, o	uspended or expelled? date and reason for suspe		Yes n:					
Does your child have Special	Needs? Active IEP?	□ No	☐ Yes If	yes, attach cu	rrent IEF	or Se	ection 504	Plan
Does your child receive Spee	ech Services?	□ No	☐ Yes					
Is student currently attending	the public school district	of choice as a tu	ition pupil?	□ No	☐ Yes	3		
Does this student have a bro	ther or sister already atter	nding the school o	of choice?	□ No	☐ Yes	;		
Is Parent/Guardian a school	employee of the district of	choice?		□ No	☐ Yes	3		
The above information is true a that any false information provide	nd correct to the best of my led by me may be considered	knowledge and I a d grounds for disap	gree to release proval of this a	e my student's re	ecords to t	the rece	iving school	. I understand
Signature of Parent/Guardia	n				Date	!		
66	orth Branch Area Schoo 355 Jefferson, PO Box 30 orth Branch, MI 48461		*****	*****	*****	****	******	******
Section 2 – To be comple Upon review of this applica enrollment under this program	tion, and with considerati		s and proce	dures of the S	Schools o	of Choi	ce in Lape	er County for
☐ Approved	On the basis of information District/Building:							ade:
☐ Disapproved	The requested school of program for the following							
Name of Schools of Choice C	Contact Person:	Rhoda Lucia		P	hone:	810	-688-3570	
Signature of Superintendent	or Designee:					D	ate:	