

SCHOOLS OF CHOICE APPLICATION
BRONSON, COLDWATER, QUINCY & BRANCH INTERMEDIATE SCHOOL DISTRICTS

PLEASE COMPLETE THE FOLLOWING INFORMATION:
Please print clearly or type.

SCHOOL DISTRICT IN WHICH YOU LIVE: _____
SCHOOL DISTRICT ATTENDING NOW (IF DIFFERENT): _____
SCHOOL DISTRICT OF CHOICE: _____

STUDENT INFORMATION:

STUDENT NAME: _____ BIRTHDATE: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
HOME PHONE: _____
LAST BUILDING ATTENDED: _____ 2020/21 GRADE COMPLETED: _____
GRADE ENTERING 2021/22: _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
CITY/STATE/ZIP: _____

REASONS FOR REQUESTING THE SCHOOL OF CHOICE:

IS YOUR CHILD RECEIVING SPECIAL EDUCATION OR OTHER SPECIAL SERVICES OF ANY KIND? PLEASE LIST:

DOES YOUR CHILD PARTICIPATE IN ANY SPECIAL PROGRAMS? PLEASE LIST:

HAS THIS CHILD EVER BEEN EXPELLED OR SUSPENDED DURING THE LAST TWO YEARS?: YES NO (CIRCLE ONE)
IF YES, EXPLAIN WHY AND DATE(S) USE REVERSE SIDE IF NEEDED:

ACKNOWLEDGMENTS:

By signing below, I acknowledge that I have received, read and understand the description and rules of the Schools of Choice Program within Branch Intermediate School District. I have received, read and understand the rules, regulations, grading system, and graduation requirements of the Choice School District. I agree to abide by the Choice School District's requirements. I agree to attend the Choice School District for one full school year. I agree to provide a birth certificate, immunization records, and any other required records to the Choice School District. I understand that any false or misleading information which I provide may cause my child to be ineligible for acceptance by a Choice School or to be removed as a Choice student, if selected.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
STUDENT SIGNATURE (IF OVER 16): _____ DATE: _____

RECORD RELEASE FORM

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby permit the _____ School District to release the records or copy records of (student name) _____ DATE OF BIRTH: _____ to the _____ School District.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
STUDENT SIGNATURE (IF LEGALLY EMANCIPATED): _____ DATE: _____

CONTRACTUAL OBLIGATION FOR LEGAL TUITION AND/OR TRANSPORTATION FEES

The undersigned parent/guardian (or student, if legally emancipated) acknowledges that this application constitutes contractual and legal responsibility for the payment of any tuition and/or transportation fees, if any, if my student is accepted for enrollment in the Choice School District.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
STUDENT SIGNATURE (IF LEGALLY EMANCIPATED): _____ DATE: _____

CHOICE SCHOOL REPRESENTATIVE SIGNATURE: _____ VISIT DATE: _____
POSITION: _____
Required for Consideration for Choice School

School of Choice Notice of Acceptance/Rejection

Student Name: _____ Grade in 2020/2021: _____
(the school year just completed)

Address: _____ City: _____ Zip: _____

Resident District: _____

Choice District Desired: _____

This is to advise you that your application to the *School of Choice Program* has been:

Accepted

Rejected due to:

Lack of space in school

Lack of space in program

Lack of space in district

Other: _____

A student accepted for transfer into a *School of Choice* is allowed to remain in the *School of Choice*, without re-application, until his/her class graduates from that school.

Signature of Superintendent of Resident District

Date

Parent or guardian: Please sign below to indicate your receipt of this letter and to verify your intent to attend the *School of Choice* for the 2021/2022 school year.

Parent/Guardian Signature: _____

Address: _____

City: _____ Zip: _____ Phone: _____