

**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: \_\_\_\_\_ 2022/23 GRADE COMPLETED: \_\_\_\_\_  
GRADE ENTERING 2023/24: \_\_\_\_\_

**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 2022/2023: \_\_\_\_\_  
(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 2023/2024 school year.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_