

**LELAND PUBLIC SCHOOL DISTRICT (TBA-ISD) 2017-2018
SCHOOLS OF CHOICE PROGRAM APPLICATION FOR PARTICIPATION**

Student Name: _____

APPLICATION INFORMATION (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)

Applicant Student Name: _____ Student Grade (entering FY17-18) _____
Student Birth Date: _____ Please check one: Male Female
District of Residence: _____ Last School attended: _____

REASON(S) FOR SEEKING TO ENROLL IN THE LELAND PUBLIC SCHOOL DISTRICT:

PARENT/GUARDIAN:

Parent/Guardian Name: _____ County: _____
Telephone: _____ Address: _____
City&Zip: _____

Are any siblings currently enrolled/attending the Leland Public School District? Yes No

If yes, please list name and grade: _____

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons?
Yes No If yes, please provide an explanation: _____

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES? Yes No

OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? Yes No If yes, please provide an explanation:

- I understand **Special Education** transportation costs will be the responsibility of the parent/guardian.
- I understand that I am committing to enroll the above named student for a period of not less than one academic year.
- I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.
- I understand transportation will be the responsibility of the parent/guardian.
- I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
- I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
- I agree to hold the Leland Public School District, and any of their employees, and their Board of Education, harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released? Yes No

Parent Signature: _____ Date: _____

Resident School District Information: *(To be completed by resident school administrator) Please deliver this form back to Leland Public School.*

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons? Yes No
If yes, please provide an explanation: _____

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? Yes No

If yes, provide an explanation: _____

Completed by: _____ Date: _____ Resident School: _____

Signature/Superintendent Releasing Student: _____ Date of Release: _____

Signature/Accepting Superintendent: _____ Date: _____

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the Leland Public School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.