



COLEMAN COMMUNITY SCHOOLS

"Academics, arts, athletics, agriculture – Growing for the future!"

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Application for Schools of Choice

Please check one: Do you live in Midland County? (Meridian/Bullock Creek/Midland School Districts) **(Form 105)** _____

Do you live outside of Midland County? (Beaverton/Gladwin/Mt Pleasant/Clare/other School Districts)**(Form 105c)** _____

Today's Date: _____ Choice of school: _____

Student Name: _____ Birth Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

School District in Which You Live: _____ Grade Entering this Fall: _____

Special Education Services Required by Student (please note 'None' if there are no current services):

The application must be approved by Midland County schools if special education services are needed.

Number of discipline referrals at previous school. Office: _____ Suspension: _____ Expulsion: _____

Failure to accurately disclose is grounds to terminate the school of choice agreement.

Parent(s)/Guardian(s) Name: _____

Address: _____

Home/Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Transportation of all school of choice students is the responsibility of the parent or guardian.

By signing below, I acknowledge and accept the policies and procedures of the Coleman Community Schools of Choice Program.

Parent(s)/Guardian(s) Signature: _____ Student (if over 16) Signature: _____

The Coleman Community Board of Education complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education.

----- For Coleman Community Schools Use Only -----

Application Accepted: _____ Date: _____

Application Denied: _____ Date: _____

Notes: _____
