

BLOOMINGDALE PUBLIC SCHOOLS
APPLICATION FOR
SCHOOLS OF CHOICE PROGRAM
Please complete one form per student.

Child's Name _____ Date of Birth _____

Address _____

Phone Number: Home _____ Cell _____

Parent / Guardian Name _____

School District you reside in _____ Grade for the current school year _____

List all schools previously attended _____ Years attended _____

_____ Years attended _____

For students in **grades K-5:**

Has your child been suspended from school during the past one year? ☐ Yes ☐ No

For students in **grades 6-12:**

Has your child been suspended from school during the past two years? ☐ Yes ☐ No

All students in **grades K-12:**

Has your child ever been expelled from school? ☐ Yes ☐ No

Does the student have a criminal record? ☐ Yes ☐ No

If yes, list offense _____

Name of county and court which has jurisdiction _____

Is student currently under court jurisdiction or on probation? ☐ Yes ☐ No

Is student currently or ever been enrolled in special education classes? ☐ Yes ☐ No

Note: Bloomington Public Schools is required to obtain a 105c Special Education Agreement for any Schools of Choice student that resides outside of Van Buren County and is currently receiving special education services from their resident district. If Bloomington is unable to obtain this agreement from your child's school district, your child will not be able to attend Bloomington Public Schools under the Schools of Choice program.

Do you have any other children enrolled in Bloomingdale Public Schools?

☐ Yes

☐ No

Does the applicant child live in the same household with any other children who attended Bloomingdale Public Schools in the last year?

☐ Yes

☐ No

If yes, please list those children's names and school.

Name

School

Please include a copy of the latest report card or transcript with the application for students applying for grades 9-12.

This form is an application only. Completion of this form does not guarantee student will be accepted into the Schools of Choice program.

Transportation to and from school is the responsibility of the parent/guardian. Students late to school will be considered tardy and no early releases will be allowed for transportation.

If any of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Bloomingdale Public Schools.

Release of Information

I give permission to _____ School District to release any information
(Applicant's current school district)

requested to Bloomingdale Public Schools for _____.
(Applicant's name)

Parent Signature

Date

Return completed application and requested documentation to:

Bloomingdale Public Schools

PO Box 217

Bloomingdale, MI 49026

School Use Only

Date Application Received _____

Date parent/guardian notified _____

Date request is Granted _____ Denied _____