



Application For Non-Resident School of Choice

Date of Birth_____ Current Grade_____

Student's Name_____

Last

First

Middle Initial

Student's Address_____ City_____ State_____ Zip_____

Parent/Guardian's Name_____

Parent/Guardian's Email_____

Parent/Guardian's Telephone: Home_____ Cell_____

School District Student Lives in_____

School District Requested to Attend_____ Building_____

School District Student Attended in Previous Year_____

Has student been suspended or expelled from another school district in the past three years? YES____ NO____

Does the student currently receive services under Section 504 with the current district?

YES____ NO____ If yes, please describe_____

Does the student currently receive Special Education services with the current district?

YES____ NO____ If yes, please describe_____

As the parent(s) making application for my/our child, my signature on this application signifies my/our understanding and agreement to the policy language and guidelines established by the State of Michigan and the Meridian Public Schools. My/Our signature also holds harmless each participating district, their employees and their Board of Education members for any decision made relative to the policy and coinciding guidelines. We do hereby authorize the release of all records pertaining to my/our child(ren) by our resident district to the Meridian Public Schools.

My signature certifies that my child has **NOT** been suspended or expelled from school at any time during the three (3) years preceding this date. I understand that at any time should the Meridian Public Schools find that my child has been suspended or expelled then my child shall be immediately removed from participation.

By signing below, I certify all of the information provided above to be true, and I acknowledge and accept the policies and stipulations of Meridian Public School District's School of Choice Program.

Signature of Parent/Guardian_____ Date_____

Signature of Parent/Guardian_____ Date_____