

Non-Resident Enrollment Application

Student Name	Submit Application to: Kingston Community School 5790 State Street Kingston , MI 48741 989-683-2294 989-683-2081	
Address		
City/State/Zip		
Parent/Guardian		
Primary Phone		
Email/Secondary Phone		
School District You Live In	Current Grade	
District & Building Student <u>Currently</u> Attends		
Student's Birthdate	Grade Requested	Desired Date for Enrollment
Building Requested:		
Does student have brothers/sisters enrolled in this district? If yes, list name, school, and grade.		
Reason for Changing School District: <u>Currently Enrolled</u>		
Please indicate if this student has been:		
<input type="checkbox"/> Suspended	Date/Reason/District _____	
<input type="checkbox"/> Expelled	Date/Reason/District _____	
<input type="checkbox"/> Truant	Date/Reason/District _____	
Please review information on the back, then read and sign below:		
<p>This district does not discriminate on the basis of race, color, disability, religion, gender or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended or expelled from their previous district or to a Special Education student wishing to enroll under Section 105c Schools of Choice for whom a written cooperative agreement regarding costs cannot be obtained with their district of resident. I understand the above limitations and certify that the information provided on this application is true and complete to the best of my knowledge. I understand the enrollment requirements that pertain to my student as outlined on the back of this application.</p>		
Parent/Guardian Signature _____		Date _____
For District Use Only		
Student Enrollment Status <input type="checkbox"/> Enrollment Approved <input type="checkbox"/> Building <input type="checkbox"/> Grade (Note: If Sec 105c Sp Ed Student, an agreement has been executed with the resident district.) <input type="checkbox"/> Enrollment Denied for the Following Reason: _____ Authorized Signature Date Notified: _____	Non-Resident Category & SRSD Code for this Student <input type="checkbox"/> TISD Choice Program* (06) <input type="checkbox"/> Section 105 Schools of Choice (02) <input type="checkbox"/> Section 105c Schools of Choice (03) <input type="checkbox"/> Resident District Release* (06) <input type="checkbox"/> Cooperative Education Program (06) <input type="checkbox"/> Special Education Ctr Program (06) <input type="checkbox"/> Alternative Education Program (06) <input type="checkbox"/> CTE/Vocational Program (06) <input type="checkbox"/> Non-Public School Student (04) <input type="checkbox"/> Home Schooled Student (07) <input type="checkbox"/> Non K-12 District (01) <input type="checkbox"/> Inter-District Split Student (06) <input type="checkbox"/> Child of District Employee (06) <input type="checkbox"/> Other (06)	* Resident District Release (Required Annually) <input type="checkbox"/> Resident District Release <input type="checkbox"/> TISD Choice Program This student is released for enrollment into another district. Releasing School District Authorized Signature Date