

**SCHOOLS OF CHOICE**  
**Student Enrollment Application**

Unionville-Sebewaing Area Schools  
2203 Wildner Road  
Sebewaing, MI 48759  
989-883-2360

SCHOOL YEAR FOR WHICH YOU ARE APPLYING \_\_\_\_\_

Instructions: Kindergarten through twelfth grade students residing in the Tuscola ISD or a contiguous ISD may apply to attend other participating public school districts. Completed applications must be received by the end of the first week of school for first semester admission and during the last two weeks of the first semester for second semester admission.

**Section 1: STUDENT INFORMATION (To be completed by the student's parent or guardian)**

Student Name (Last, first, M.I.) \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: Male \_\_\_\_\_; Female \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Current School Year \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Special Needs \_\_\_\_\_  
(Specify) \_\_\_\_\_

Resident District \_\_\_\_\_ Resident ISD \_\_\_\_\_

Requested District for Schools of Choice \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date Student Will Begin Attending New District \_\_\_\_\_

Reason for Transfer Request \_\_\_\_\_

Have you been suspended or expelled from school in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, when and why) \_\_\_\_\_

**Section 2: PARENT/GUARDIAN INFORMATION**

Parent/Guardian (Last, First, M.I.) \_\_\_\_\_

Telephone Number-Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: RECEIVING INFORMATION (To be completed by the receiving District)**

Date of Receipt of Application \_\_\_\_\_ District Name \_\_\_\_\_

Schools of Choice Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Upon review of this application and with consideration to the policies and procedures of the Schools of Choice for enrollment under this program, this application is Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date