



Unionville-Sebewaing Area Schools
2203 Wildner Road - Sebewaing, MI 48759 - 989-883-2360
www.think-usa.org

SCHOOL OF CHOICE

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 trimester admission and during the last two weeks of the first trimester for second trimester admission.

STUDENT INFORMATION (To be completed by the student's parent or guardian)

Student Name: _____

Date of Birth: _____ Sex: _____

Address: _____
Number Street City Zip

School Currently Attending: _____ Current Grade: _____

Last Grade Completed: _____ Special Needs: No ☐ Yes ☐ If yes, please 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? No ☐ Yes ☐

If yes, when and why? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____
Number Street City Zip

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.

Parent/Guardian Signature: _____ Date: _____

To be Completed by Receiving District

Date of Receipt of Application: _____ District Name: _____

Schools of Choice Contact Person: _____ Title: _____

Phone 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 ___ denied.

Signature of Superintendent/Designee: _____ Date: _____