

**SCHOOLS OF CHOICE
APPLICATION FOR PARTICIPATION**



Application Date _____ Student Name _____

Student Grade (entering) _____ Student Birthdate _____

Last School Attended _____ Resident School District: _____

Address: _____

Siblings that attend or applying for SOC: _____

Father's Full Name _____ Contact No. _____

Mother's Full Name _____ Contact No. _____

Legal Guardian's Name (if applicable) _____ Contact No. _____

With whom does the student live? _____

List high school athletic teams that the student has participated in: _____

High School Athletic Association regulations apply to all transfers involving high school age students.

Does the student require Special Education services? Yes No

If yes, please identify the program(s) required to serve the student _____

Has the student ever been suspended and/or expelled from school? Yes No

If yes, indicate the reason for the suspension and/or expulsion: _____

Number of days suspended/expelled _____ Date(s) of suspension/expulsion _____

Records, including discipline and attendance, may be requested from the previous school. Do you give permission for the student's records to be released? Yes No

Transportation will be the responsibility of the applicant/parent/guardian. Michigan Applications can be made to only one K-12 school district within the Jackson County Intermediate School District.

As the parent/guardian of the applicant, the undersigned, hereby understand and agree to abide by the information set forth in this application and agree that any false or incomplete information provided may disqualify my application for a School of Choice position in the Columbia School District as well as the rules and regulations set forth in the School of Choice legislation and as issued by the Department of Education from time-to-time.

Parent/Guardian Signature _____ Date _____

Approved _____ Not Approved _____

Authorized Signature/Title _____ Date _____