

Schoolcraft Community Schools

2009-2010 Application Schools of Choice Enrollment

INSTRUCTIONS: One application for each student, to be completed by the child's parent or legal guardian. The completed application must be returned to the Schoolcraft Community School's Administration Office located at 629 East Clay Street, Schoolcraft,

APPLICATIONS WILL BE ACCEPTED AT THE OFFICE OF THE SUPERINTENDENT

SECTION I (PLEASE PRINT)

Student's Name (Last, First, Middle)	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Grade in Fall 2009-2010
Student's Address	City	Zip Code	Student's Social Security Number
Student's Resident School District	School Currently Attending (Specific name of school building)		
Parent/Guardian Name (Last, First, Middle Initial)	Telephone Number		
Parent Guardian Address	City	Zip Code	

Section II

1. Reason for transfer?	
2. Special Education services required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
3. Has the student ever been expelled from school for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
4. Has this student been suspended from school for any reason during the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
5. Are all immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.

Section III

Section 105c legislation has specific language regarding special education. Section 19 of Act 94 of 1979 reads:

"In order for a district or intermediate district to enroll pursuant to this section a nonresident pupil who resides in a district located in a contiguous intermediate district and who is eligible for special education programs and services according to statute or rule, or who is a child with disabilities, as defined under the individuals with disabilities education act, Public Law 108-446, the enrolling district shall have a written agreement with the resident district of the pupil for the purpose of providing the pupil with a free appropriate public education. The written agreement shall include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil."

Schoolcraft Community School reserves the right to require such a financial agreement from the sending district before enrolling a special education eligible student or student being considered for special education.

Therefore, please respond to one of the following two questions:

Has your child ever been considered for or received special education services in a previous school? Yes No
 If not enrolled in school now, does your child show potential toward requiring special education services? Yes No

I further understand that incomplete, false or misleading information will render this application null and void and may result in removal of the student from the Schools of Choice Program and Schoolcraft Community Schools.

Signature of Parent / Legal Guardian

Date

Schoolcraft Community Schools

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Section IV (Office Use Only)

For Completion by Principal:

Date Application Received: _____

Student Name: _____

Contact Name: _____

Date of Reference Call: _____

Academic History:

Special Education or other supplemental services/support:

Attendance History:

Discipline History:

Other Information:

____ Application approved for consideration

Fall Enrollment

Second Semester Enrollment

____ Application Denied (Reason / Comments) _____

Principal _____ Date __ / __ / ____ Superintendent _____ Date __ / __ / ____