

SCHOOLS OF CHOICE APPLICATION

I am requesting admission to **BLISSFIELD COMMUNITY SCHOOLS**
FOR: Building _____ **Grade** _____
Special Program/Classes _____

Student Information:

Student's Name _____ Male ___ Female ___ Date of Birth _____

Address _____

City/State/Zip _____ Telephone _____

School District most recently attended _____

School District in which you live _____

Grade entering this fall _____ If high school, which school did you attend _____

How long did you attend previous school? _____ How many high school credits earned? _____ Building scheduled to attend in current district _____

Parent(s)/Guardian(s) Name _____

Address _____

City/State/Zip _____

Home Telephone _____ Work Telephone _____

Email Address: _____

Reason(s) for requesting admission under schools of choice:

List other children/grade either applying to other buildings or already attending BCS. _____

By signing this application, I authorize transfer of records and certify that:

1. I understand transportation is not provided under schools of choice;
2. I understand athletic eligibility status is established by the Michigan High School Athletic Association;
3. My child has never been expelled from any public or private school;
If your child has been expelled, please explain: _____
4. My child has not been suspended from any public or private school in the past two years; If your child has been suspended explain and list dates: _____
5. I have not nor do I intend to apply for admission to other "Choice" programs in Lenawee County.

Parent(s)/Guardian(s) Signature Date

Student Signature(if over 18) Date

I verify that all information is correct and accurate. If false information is given, this application will become unacceptable and disregarded.

Section 105 and Section 105C of the State School Aid Act allows children residing within the boundaries of the Lenawee ISD and any contiguous Intermediate School District to enroll in a receiving "Schools of Choice" school district.

Approve: ___ Denied ___ Authorized Signature _____ Date _____