

## 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 \_\_\_\_\_

**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 \_\_\_\_\_