SCHOOLS OF CHOICE APPLICATION

A separate application must be complete and returned by _____ for each child seeking admission. 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_____Social Security No.____ 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: How did you hear of **Blissfield Community Schools?** 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.