

SCHOOL DISTRICT (TBAISD)
COOPERATIVE SCHOOLS OF CHOICE PROGRAM APPLICATION FOR
PARTICIPATION (FY2019-20)

Received Date: _____

Approved Yes No

Initials: ____

Date: ____

Student Name: _____

APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)

Applicant Student Name: _____

Student Birth Date: _____

District of Residence: _____

Sibling #1 Name: _____

Student Birth Date: _____

District of Residence: _____

Sibling #2 Name: _____

Student Birth Date: _____

District of Residence: _____

Student Grade (entering FY19-20) _____

Please check one: Male Female

Last School attended _____

Student Grade (entering FY19-20) _____

Please check one: Male Female

Last School attended _____

Student Grade (entering FY19-20) _____

Please check one: Male Female

Last School attended _____

REASON(S) FOR SEEKING TO ENROLL IN THE _____ School DISTRICT: _____

Parent/Guardian:

Parent/Guardian Name: _____

Telephone: _____

Are any siblings currently enrolled/attending the _____

If yes, please list name and grade: _____

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons? Yes No

If yes, please provide an explanation: _____

County: _____

Address: _____

City & Zip: _____

Schools District? Yes No

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES? Yes No

OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? Yes No If Yes, please provide an explanation: _____

Please read and acknowledge the following by checking the boxes and signing below:

I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.

I understand that I am committing to enroll the above named student for a period of not less than one academic year.

I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.

I understand transportation will be the responsibility of the parent/guardian.

I understand Michigan High School Athletic Association regulations apply to all high school age transfers.

I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

I agree to hold the _____ District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

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

Parent Signature: _____ Date: _____

RESIDENT SCHOOL DISTRICT INFORMATION: (To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons? Yes No

If yes, please provide an explanation: _____

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? Yes No

If yes, please provide an explanation: _____

Completed by: _____ Date: _____ Resident School: _____ Schools

Signature/Superintendent Releasing Student: _____ Date of Release: _____

Signature/Accepting Superintendent: _____ Date: _____

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the _____ School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.