

EAU CLAIRE PUBLIC SCHOOLS

**6190 West Main Street
Eau Claire, Michigan 49111**

**SCHOOLS OF CHOICE APPLICATION FORM
2018-2019**

(A separate application form must be completed for each student desiring to attend the Eau Claire Public Schools under Schools of Choice State Aid Act of 1996, P.A. 300, Section 105.)

Name of Student _____

Date of Birth _____

Permanent Address of Student
(Also include mailing address if different) _____

Home Telephone # of Student _____

Student's Current School _____

Student's Resident School District _____

Grade Level being Requested _____
(Note for high school students: credit requirements for grade level must be met according to ECHS policies)

Name(s) of Parent(s)/Legal Guardian _____

Address of Parent(s)/Legal Guardian _____

Work Telephone # of Parent(s)/Legal Guardian _____

Please circle answer:

1. Has the student ever been expelled from another school? If yes, please explain: Yes No

2. Has the student been suspended from another school during the preceding two (2) school years? If yes, please explain: Yes No

3. Has the student been truant or had attendance problems at another school during the preceding two (2) years? If yes, please explain: Yes No

4. It is understood that a 9th grade student will be athletically **eligible** to participate in sports according to M.H.S.A.A. rules. 10th, 11th and 12th grade students are athletically **ineligible** for one (1) full semester according to M.H.S.A.A. rules. Yes No

5. Was the applicant enrolled in a previous school year in the Eau Claire Public Schools? Yes No
6. Did the applicant receive special education service(s) the previous school year? If so, please list service(s): _____ Yes No
7. Does the applicant have any relatives already attending Eau Claire Public Schools under the Schools of Choice Program? If so, please list name(s) and grade(s): _____ Yes No
8. It is understood that the student will only be eligible for transportation services outside the Eau Claire School District at specifically designated bus stops. (The student may receive transportation from any pick up/delivery point within the Eau Claire School District.) Yes No
9. It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will **not** be excused because of lack of transportation or weather conditions. Yes No
10. Transportation services may be available after school for student athletes.
11. Where did you hear about Eau Claire Public Schools? _____

12. No applicant will be eligible to be accepted without an interview with the school principal.

As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Section 105, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. If accepted, I/we shall provide the transportation for my/our child to the school he/she will be attending or to a regular school bus stop within the school district or to a specifically designated bus stop outside the district. It is also understood that if the Eau Claire Public Schools finds any information that is incorrect or falsified on this application, that this would immediately terminate enrollment of the student on this form. My/Our signature(s) also holds harmless the Eau Claire Public Schools, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines.

Signature(s) of Parent(s)/Legal Guardian

Date _____

STUDENT NAME

------(To be completed by an official of Eau Claire Public Schools)-----

Date Application Received: _____

Request is: Granted _____ Denied _____ **By** _____

Date Letter of Notification sent to Parent(s)/Legal Guardian: _____

Date Request of Student Records Sent: _____ **Name of School:** _____