



Office Use Only

Rec'd by: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Phone: (517)541-5742 Fax: (517)541-5745 1068 Carlisle Hwy, Charlotte, MI 48813

### INTERNAL SCHOOLS OF CHOICE REQUEST FORM

Form must be turned in to the District Registrar.

Requests will be prioritized by the date in which they are received.

CHILD'S NAME: \_\_\_\_\_ Grade \_\_\_\_\_  
Level \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Grade \_\_\_\_\_  
Level \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Grade \_\_\_\_\_  
Level \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

ASSIGNED TENTATIVE SCHOOL ZONE \_\_\_\_\_

ELEMENTARY SCHOOL REQUESTED \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

IF REQUEST IS DUE TO DAYCARE, PLEASE PROVIDE DAYCARE ADDRESS

**Important:** By choosing an elementary school outside of our assigned Neighborhood School Zone, if approved, I understand that I am responsible to transport my child/children to the requested school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Application:  Approved  Denied Reason for Denial \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools or Designee Date \_\_\_\_\_