



Phone: (517)541-5742  
Fax: (517)541-5745

### SCHOOLS OF CHOICE APPLICATION

<input type="checkbox"/>	NEW APPLICATION
<input type="checkbox"/>	RENEWAL

**IMPORTANT:**

- Completion of this form does not automatically enroll a student in Charlotte Public Schools.
- The parent(s) is responsible for contacting the district registrar, completing enrollment papers, supplying immunization records and a certified birth certificate, and any other required information.
- Completion of this form is required on an annual basis.
- **Please return completed form to Registrar’s Office 1068 Carlisle Hwy, Charlotte, MI 48813**
- Transportation is the responsibility of the parent.

School Year Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First & Last Name of Child	Current Grade	Grade in Fall	Date of Birth

Name of school district of residence: \_\_\_\_\_

Has the student(s) ever been expelled, suspended from school?                      Yes                      No

If yes, please state school, date & reason: \_\_\_\_\_

Are charges for expulsion pending against the student(s)?                      Yes                      No

Has the student(s) been receiving special education services?                      Yes                      No

If yes, please attach copy of last IEP.

Please state why you would like your child enrolled in Charlotte Public Schools.

\_\_\_\_\_  
\_\_\_\_\_

Note: The signature of the parent/guardian/student (if over 18 years of age) found below indicates understanding of, and adherence to, the stipulations, and operational aspects of the Schools of Choice application procedures. Further, it is understood that if the parent(s), guardian(s), or student (if over 18 years of age) withholds information or provides false or inaccurate information, the request and approval are immediately null and void.

\_\_\_\_\_  
**Signature of Parent, Guardian, or Student (if over 18 years of age)**

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> <b>SOC 105 (02)</b>	<input type="checkbox"/> <b>SOC 105C (03)</b>
I hereby <input type="checkbox"/> <b>ACCEPT</b> <input type="checkbox"/> <b>DENY</b> the application for enrollment of the above named student(s) to Charlotte Public Schools for the 20____ - 20____ school year.		
_____ <b>Signature of Superintendent or Designee</b>	_____ <b>Date</b>	