



105 Schools of Choice Application for 2018-2019

Bendle Public Schools

Applications will be available beginning June 25, 2018

Office Use Only

New student

Current student

All applications for the 2018-2019 school year must be completed by the parent or guardian and returned to the BENDLE PUBLIC SCHOOLS BOARD OF EDUCATION OFFICE by 4:00 PM, Thursday, July 26, 2018. Failure to meet this deadline will result in denial of request.

Student Information:

Last Name First Name Middle Initial School District of Residence

Street Address City State Zip Code

GENDER: Male Female DATE OF BIRTH: _____
Month/Day/Year

COUNTRY OF BIRTH: _____ (if not in the USA)

2017-2018 School/Enrollment Information:

School District Student Attended 2017-2018 School Building Student was enrolled in

Grade student will be in **2018-2019** High School Student - # of Credits Earned to Date

WITHIN THE LAST TWO YEARS:

Has Student Been Suspended? *** Yes No

***Discipline report for the last two years must be attached with this application or it will not qualify for processing.

Has Student Been Expelled? Yes No

(If Yes, Provide Date): _____ Reason: _____

Has Student Withdrawn from School? Yes No

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Convicted of a Felony? Yes No

(If Yes, Provide Date): _____ Reason: _____

SIBLING(S) INFORMATION:

List the full name(s) of sibling(s) submitting an application to the School of Choice Program (a separate application must be submitted for each child):

1. _____ 2. _____
3. _____ 4. _____

Total number of applications submitted today: _____

Are there siblings already attending Bendle Public Schools under the 105 Schools of Choice program?

Yes ___ No ___ If yes, please list each student and note grade just completed.

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

PARENT/GUARDIAN INFORMATION STUDENT LIVES WITH: (Check all that apply)

- Mother Father Step-Father Step-Mother Grandparents Foster Guardian

Last Name (please print) First Name (please print)

Last Name (please print) First Name (please print)

Primary Phone # _____ Secondary Phone # _____

Other # _____

Special Services:

Did your child receive any Special Education Services? No Yes (If yes, please indicate type below)

- Special Education Classes Speech Social Work 504 Plan

PLEASE STATE REASONS FOR APPLYING FOR SCHOOL OF CHOICE:

Please Read, Date and Sign

"I am applying to have my student attend Bendle Public Schools under the 105 Schools of Choice program. I have read the Schools of Choice Enrollment Guidelines and understand the procedures outlined, including parents are responsible for transportation to / from school and MHSAA rules for athletic eligibility will be enforced. In order to process my student's application, I will provide student record information from my student's current or previous school(s) regarding disciplinary records. I also give my permission to have the local law enforcement review my student's information for any felony convictions. This permission is given pursuant to the Family Educational Rights and Privacy Act."

*"I attest that all information on this form is correct to the best of my knowledge. I have also been notified that **the school requires my son's/daughter's certified birth certificate, social security number, an up-to-date immunization record, report card or transcript with current grade, and proof of residency (driver's license)** before my child can attend (for residency purposes, your residence is defined as the location at which you and your child(ren) sleep)."*

"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports, Special Education 504 or other specialized programs, pursuant to this application to the Bendle Public Schools to which I am applying for the 105 Schools of Choice program."

Parent/Guardian Signature

Date

This application packet is due on or before 4:00 PM, Thursday, July 26, 2018, to the BENDLE PUBLIC SCHOOLS BOARD OF EDUCATION OFFICE. If this is not convenient, you can mail it to:

**Bendle Public Schools
Administration Building
Attn: Lou Ellen Fecher
3420 Columbine Ave
Burton, MI 48529**

Or return by fax (810-591-2210) Or email to lfecher@bendleschools.org

If you have any questions, please contact the office at 810-591-2501.

Note: Acceptance for enrollment shall not be granted or refused based upon religion, race, color, national origin, gender, height, weight, marital status or athletic ability.