## **CLINTON COMMUNITY SCHOOLS** "School of Choice" Application

School Year 2023-2024, 1<sup>st</sup> Semester, Grade Requested (Y5-12) \_\_\_\_\_

Application Window for <u>Elementary</u> (Limited) is June 2, 2023 through June 16, 2023 Application Window for <u>Middle School/High School</u> (Unlimited) is open through August 31, 2023

School Year 2023-2024, 2<sup>nd</sup> Semester, Grade Requested (9-12) \_\_\_\_\_ (enter grade requested) Application Window for High School is December 22, 2023 through January 12, 2024 (Grades Y5 – 8 is Closed)

A separate application must be completed for each child seeking admission. Application must be returned to the school building in which you are seeking enrollment for your child.

Section 105 and Section 105c of the State School Aid Act allows children residing within the boundaries of the Lenawee Intermediate School District as well as outside and contiguous to the ISD to enroll in a receiving "Schools of Choice Section 105 & 105c" school district.

Student Name:					Birthdate:	/ /	Ge	nder:	M□I	F□
Address:				Home Phone:						
City/State/Zip:				Current Grade:						
Resident School District:					District last attended:					
Please specify ar		·								
The Law provides districts the opportunity to deny attendance to a student who has ever been expelled or suspended										
within the previous two (2) school years. If the District receives your child's school records indicating a suspension or										
expulsion and it is not identified on this application, the District reserves the right to deny your child's acceptance										
through Schools of Choice.										
Has child been suspended or expelled from school in the last to					wo (2) school	years?	Yes		No	
If yes, please explain each instance										
I understand transportation is not provided under schools of choice; I understand athletic eligibility status is										
established by the Michigan High School Athletic Association; and I have accurately and completely provided all of the										
information requested on this application. I hereby grant permission for all educational records, discipline records,										
files and data of the above-named student to be released to Clinton Community Schools.										
Parent(s)/Guardian(s):					Relationshi	p:				
Address:					City/State/2	Zip:				
Home Phone:					Cell Phone:					
Work Phone					Parent eMa	il:				
If at least 18 years of age, Student Signature:										
Parent/Guardian Signature:										
OFFICE USE ONLY:										
Date Received: Status:					Principal Sig	gnature	Dat	e		
	Recommended		□ Not Recommended							
	Status:				Superintendent Signature		Dat	Date		
	□ Approved		Denied							