

CLINTON COMMUNITY SCHOOLS "School of Choice" Application

School Year 2024-2025, 1st Semester, Grade Requested (Y5-12) _____

Application Window for Elementary (Limited) is May 22, 2024 through June 12, 2024

Application Window for Middle School/High School (Unlimited) is open through August 29, 2024

School Year 2024-2025, 2nd Semester, Grade Requested (Y5-12) _____

Application Window for all schools is January 6, 2025 through January 17, 2025

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:	/ /	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Address:		Home Phone:			
City/State/Zip:		Current Grade:			
Resident School District:		District last attended:			
Please specify any special services requested by this student:					

*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 two (2) school years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please explain each instance	
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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):		Relationship:	
Address:		City/State/Zip:	
Home Phone:		Cell Phone:	
Work Phone		Parent eMail:	

If at least 18 years of age, Student Signature:	
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Parent/Guardian Signature:	
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OFFICE USE ONLY:

Date Received:	Status:	Principal Signature	Date
	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
	Status:	Superintendent Signature	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		