

# Schools of Choice - Student Enrollment Application

**SCHOOL YEAR FOR WHICH YOU ARE APPLYING: 2018-2019**

**Instructions:** Kindergarten through twelfth grade\* students residing in the Tuscola ISD and school districts contingent to Vassar Schools may apply to attend Vassar Public Schools. Complete one application for each student.

**First Semester: completed applications must be received in district office by 3:30 pm, Thursday, August 30, 2018.**

**Second Semester: completed applications must be received in district office by 3:30 pm, Wednesday, January 16, 2019.**

**Section 1: STUDENT INFORMATION (To be completed by the student's parent or guardian).**

Student Name (Last, First, MI.)	Birth Date  Month      Day      Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	Zip Code
School Currently Enrolled in		Grade Completed in 2017-2018 Grade entering 2018-2019
Resident District of Student (Where student resides)	Please answer each question below: Special Needs: Yes or No (if yes specify)  Does Student have a current IEP: Yes or No, If yes (circle the one that applies) Resource Room Speech/Language Other – (specify)  Does student have a current 504 Plan: Yes or No  Does student receive a type of educational intervention: Yes or No, if yes (circle the one that applies) Math Reading	
Requested District for Schools of Choice: <b>Vassar</b>		
<b>Reason for School of Choice Request – (answer below)</b>		
Have you been suspended or expelled from school in the last two years? (If yes, when and why) <input type="checkbox"/> Yes <input type="checkbox"/> No Date of suspension or expulsion (last two years): Reason(s) for suspension or expulsion:		

**Section 2: PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name (Last, First, M.)	Telephone Number: Home - Work - Cell -	
Address	City	Zip Code
The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school. Providing inaccurate information could automatically disqualify your child(ren) from participating in the Vassar Public Schools - Schools of Choice program.		
_____ Signature of Parent/Guardian		_____ Date

**Please be advised that Vassar Public Schools does not provide bus transportation to our schools from nonresident homes. However, if parents transport children to one of the district's bus stops, they may ride our bus to school and back to that stop at the end of the school day (if space available).**

**Section 3: RECEIVING INFORMATION (To be completed by the receiving District)**

Date of Receipt of Application	District Name: <b>Vassar Public Schools</b>
Schools of Choice Contact Person: Fran Peplinski, Business Manager	Phone (989) 823-8535 option 1
Upon review of this application and with consideration to the policies and procedures of the Schools of Choice for enrollment under this program, this application is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
_____ Dorothy Blackwell, Superintendent	
On the basis of information provided in this application, the above student will be assigned to: Building: _____ Starting Date: _____ Grade: _____	The above district is unable to approve your request for enrollment in the Schools of Choice program for the following reason:  <input type="checkbox"/> See Attachment