



LINCOLN PARK PUBLIC SCHOOLS

NOTIFICATION TO RETURN TO "NEIGHBORHOOD-HOME" SCHOOL

Date of application: _____ Special Education ? Yes No (circle one)

Reason for request: _____

Please list student(s) information:

STUDENT NAME	GRADE	CURRENT SCHOOL	NEIGHBORHOOD SCHOOL
STUDENT NAME	GRADE	CURRENT SCHOOL	NEIGHBORHOOD SCHOOL
STUDENT NAME	GRADE	CURRENT SCHOOL	NEIGHBORHOOD SCHOOL

Parent/Guardian name, address and phone: _____

"I understand this is an irrevocable decision for the school year requested."

Parent/Guardian signature

Date

PLEASE RETURN THIS APPLICATION TO YOUR CURRENT SCHOOL OFFICE OR TO THE CHILD ACCOUNTING OFFICE LOCATED AT 1650 CHAMPAIGN, LINCOLN PARK, MI.

Approved: _____ Not approved: _____

Terry Dangerfield; Superintendent of Schools

Date

cc: schools involved