



Watervliet Public Schools

450 E. Red Arrow Hwy. Watervliet, MI 49098

Phone: (269) 463-0300 Fax: 269-463-6809

www.watervlietps.org

Schools of Choice Application Form 2019-20 Second Semester

Name of Student _____ Date of Birth _____
Address _____ City _____ Zip _____
Phone Numbers: Home _____ Work _____
Guardian Name(s) _____
Relationship to Applicant _____
School District You Live In _____ Grade For 2019-20 _____
Schools Attended: Present (19-20) _____
Previous (18-19) _____
To avoid a break in service, please check below any services your child is currently receiving:
 Special Education 504 Plan ESL Other _____
Grades 1 – 12: Has your child even been expelled from school? Yes No
Grades 1 – 12: Has your child been suspended from school in the
last two (2) years? Yes No

Are there other children living in the home who are currently attending
Watervliet Public Schools? Yes No

If yes, please give their name(s) and grade level below.

Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____

Please read the following information, complete the Release of Information and sign.

- **If any** of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Watervliet Public Schools.
- **Watervliet Public Schools** considers the following when reviewing applications: previous attendance, academics, and whether an applicant has been suspended in the previous two (2) years or ever been expelled.
- **If more** applicants apply than slots available, a random selection will occur as prescribed by law.
- **Transportation** to and from school is the responsibility of the parent/guardian. Students late to school will be considered tardy and no early releases will be allowed for transportation reasons.
- **Please include** a copy of the applicant's most recent report card or transcript. If one is not included, this may delay the application process.

RELEASE OF INFORMATION:

<p>I give permission to the _____ (Current School District)</p>	<p>School District and the _____ School District to release any requested school (Previous School District – If Different From Above)</p>
<p>Information to Watervliet Public Schools for _____ (Name of Student)</p>	

Parent/Guardian Signature

Date

To help expedite the processing of this application, a copy of the student's latest report card or transcript should be included with the completed application.

Questions? Please call Jen MacMillan at 269.463.0300 or email jmacmillan@watervlietps.org

<p>Please return the completed application and requested documentation no later than Friday, January 17, 2020 to: Jen MacMillan Watervliet Public Schools 450 E. Red Arrow Hwy. Watervliet, MI 49098</p>
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