



Clio Area Schools

SCHOOL OF CHOICE APPLICATION FOR THE 2018 – 2019 SCHOOL YEAR

Parent/Guardian Request to Enroll Child in a School of Choice:

All applications must be completed and returned to the Clio Area Schools ADMINISTRATION BUILDING, 430 North Mill Street, Clio, Michigan 48420, by 4:00 p.m., Friday, January 18, 2019. Failure to meet this deadline will result in denial of request.

Last Name	First Name	Middle Initial	School District of Residence	
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Street Address	City	State	Zip Code
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Gender: ___ Male ___ Female Date of Birth: _____
Month/Day/Year

SIBLING(S) INFORMATION:

List the full name(s) of sibling(s) currently enrolled in Clio Area Schools:

List the full name(s) of sibling(s) submitting an application to Clio Area Schools (a separate application must be submitted for each child):

1. _____ 2. _____
3. _____ 4. _____

Total number of applications submitted today: _____

PARENT/GUARDIAN INFORMATION:

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Home Phone	Alternate Phone	Please fill out the back
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I. School of Choice Request for Next Year – 2018 - 2019

List Name of SCHOOL BUILDING Requested for Student – 2018 – 2019

Please understand that every effort will be made to accommodate your elementary building request, however, if overcrowding occurs your child will be enrolled at an alternate elementary building within the Clio School District.

Where did you learn about Clio Area Schools of Choice? Please circle below.

Billboard Website Social Media Referral Other _____

School District Student Attended in 2017-2018

School Building Student Enrolled in for 2017 - 2018

Grade in 2017-2018

High School Students - # of Credits Earned to Date

Does your child currently have an IEP? ___ Yes ___ No

WITHIN THE LAST TWO YEARS:

Has Student Been Suspended? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Expelled? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Withdrawn from School? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Convicted of a Felony? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

“I have read and agree to the terms of the Section 105 and/or 105C Schools of Choice Programs. I have not applied or requested to enroll my child in any other school district for the 2018-2019 school year other than my choice listed above. All information I have provided in this application is true and correct. I understand that providing any false information on this application may be sufficient grounds for denial.”

Clio Area Schools is not responsible for tuition, transportation or any other expense incurred as a result of this release.

“I hereby authorize my resident school district to send my child’s student records and transcripts, including behavior reports, Special Education 504 or other specialized programs, pursuant to this application to the district to which I am applying as a School of Choice for 2018-2019.”

Parent/Guardian Signature

Date