



LINDEN COMMUNITY SCHOOLS

Schools of Choice Application

2018-2019 2nd Semester

GRADES K-12 UNLIMITED

Second Semester begins on January 22, 2019

All applications for **Grades K-12 will be accepted January 2 – January 18, 2019.**

Completed applications must be turned in to Linden Community Schools' Administration Office, 7205 W. Silver Lake Rd, Linden, by 12:00 pm, Friday, January 18, 2019. Applications may also be faxed to (810) 591-5587 or emailed to jbentley@lindenschools.org. Failure to meet this deadline may result in denial of request. Notification of acceptance/denial will be no later than January 25, 2019. Upon notification of acceptance, student is required to be enrolled by January 25, 2019. Transportation will be the responsibility of the parent/legal guardian. Please call Jennifer Bentley (810) 591-0986 with questions.

STUDENT INFORMATION (PLEASE PRINT)

_____	_____	_____	_____
Last Name	First Name	Middle Initial	School District of Residence
_____	_____	_____	_____
Street Address	City	Zip Code	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Month/Day/Year
_____	_____	_____	_____
School District/Building Student Attended in 2018-2019	Grade in 2018-19	Number of High School Credits Earned to Date	

Does your student receive Special Education services? Yes No

If yes what type of services? _____

Please state reasons for making this choice:

Within the last two years **(Required)**:

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Has Student Withdrawn from School?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: _____

SIBLING(S) INFORMATION:

List the full name and grade of siblings currently enrolled in or applying to the Schools of Choice 105/105c program. (A separate application must be submitted for each student)

Sibling Name

Sibling Grade

Sibling Name

Sibling Grade

PARENT/LEGAL GUARDIAN INFORMATION:

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Business/Work Phone

"I have read and agree to the terms of the 105/105c Schools of Choice Program. I have not applied or requested to enroll my child in any other school district for the 2018-2019 Schools of Choice Program 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."

"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports, pursuant to this application to the district to which I am applying as a School of Choice 105/105c for 2018-2019."

Parent/Guardian Signature **REQUIRED**

Date

***Section 105 – Schools within Genesee County**

***Section 105c – Contiguous Counties (Lapeer, Livingston, Oakland, Saginaw, Shiawassee, Tuscola)**

TRANSPORTATION TO AND FROM SCHOOL IS THE RESPONSIBILITY OF THE PARENT.