

Allen Park Public Schools

2019-2020 Schools of Choice Application Form

Office Use Only	
Date Received:	_____
Initials:	_____
Siblings:	Yes No

Students who have been suspended from any school (public or private) since September of 2018 or expelled at any time are not eligible. Upon acceptance, enrollment paperwork, proof of residency, birth certificate and up-to-date immunizations must be provided before child may attend school. Transportation is not provided to Schools of Choice students and is the responsibility of the parent.

Student Information:

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Applying for Grade: _____ Sex: Male _____ Female _____

Street Address: _____ Apartment Number: _____

City: _____ Zip Code: _____ Home Phone: _____

Who does the student reside with? _____

Public School District of Residence: _____

School District Last Attended: _____ Name of School Last Attended _____

How did you learn of our School of Choice opportunity? _____

Do you currently have other students (siblings) **currently enrolled in Allen Park Schools**? No Yes

If Yes, Sibling Name(s) & Grade(s) _____

Parent/Guardian Information:

Mother's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Father's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email : _____

Guardian's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

With my signature below, I certify that I am a resident of Wayne County and I accept the provisions stated in this document. I realize that all necessary registration documentation including, but not limited to, records regarding immunization, grades, birth certificate, proof of residency and suspension verification will be provided to the district upon the acceptance for School of Choice. Failure to comply with the necessary provisions of this document will automatically nullify this application. I understand that if any of the information provided by me on this application is false, I will be liable for all costs incurred by the District while my child was enrolled in the Allen Park Public School District.

Parent/Guardian Signature _____ Date: _____

Prior School Information:

Has student been expelled from another school? Yes No If yes, indicate date: _____

Please explain: _____

Has student been suspended from another school during the preceding 2 school years? Yes No

If yes, indicate dates and please explain: _____

Has the student been truant or had attendance problems at another school during the preceding 2 school years? Yes No

If yes, please explain: _____

Has your child ever been retained in school? Yes No If yes, year/grade retained: _____

Special Services/Language Survey

Is your child currently receiving any special services? _____

The Allen Park Public Schools also provides appropriate English as a Second Language (ESL) services to those students who are considered to be limited English proficient.

Is the primary language used in your child's home or environment a language other than English? Yes _____ No _____

If "Yes", what is that language? _____ Child's country of birth _____

Year child entered the United States _____

Household Information

Please list all children in your household:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Completed application forms for grades K-8th will be accepted from Monday, April 8, 2019 through 4:00 pm Friday, April 26, 2019. Completed applications may be presented in person at the Riley Education Center, 9601 Vine, between the hours 7:30 a.m. and 4:00 pm Monday through Friday or emailed to schoolofchoice@appublicschools.com
Applications are due no later than Friday, April 26, 2019 @ 4:00 pm. No late applications will be accepted.

Note: If any information is found to be inaccurate or false, the application will no longer be considered for acceptance.

For School Use Only

Entry Date: _____ Student Number _____ Year of Graduation: _____ School: _____