



# Coloma Community Schools

Phone: 269-468-2424 Fax: 269-468-2440  
302 W. St. Joseph Street Coloma, MI 49038  
www.ccs.coloma.org

## APPLICATION FOR "SCHOOLS OF CHOICE" FOR 2019-2020

### STUDENT INFORMATION: Please Print

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_ WORK \_\_\_\_\_

GUARDIAN NAME(S): \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

SCHOOL DISTRICT YOU RESIDE IN: \_\_\_\_\_ GRADE FOR 2019-20: \_\_\_\_\_

SCHOOLS ATTENDED: PRESENT (18-19): \_\_\_\_\_

PREVIOUS (17-18): \_\_\_\_\_

**Grades 1 – 12:** Has your child ever been expelled from school? Yes \_\_\_ No \_\_\_

**Grades 1 – 12:** Has your child been suspended from school in the last two (2) years? Yes \_\_\_ No \_\_\_

**Optional: To avoid a break in service, please check below any services your child is currently receiving:**

Special Education  504 Plan  ESL  Other \_\_\_\_\_

### SIBLING INFORMATION: Please Print

Does applicant child live in the same household with any other child(ren) who attended Coloma Schools in 2016-17 or 2017-2018? Yes \_\_\_ No \_\_\_

If Yes, please give their name(s) and school building they attend below.

STUDENT NAME	GRADE
STUDENT NAME	GRADE
STUDENT NAME	GRADE

#### School Use Only

Student #: \_\_\_\_\_ UIC: \_\_\_\_\_ SED: \_\_\_\_\_ District #: \_\_\_\_\_

Please state the reason(s) why you would like your child to attend Coloma Community Schools:

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

- **If any** information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Coloma Community Schools.
- **If limited openings** – if more applicants apply than slots are 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 applicants’ most recent report card or transcript. If one is not included, this may delay the application process.

**RELEASE OF INFORMATION:**

I give permission to the \_\_\_\_\_ School District and the  
(Current School District)

\_\_\_\_\_ School District to release any requested school  
(Previous School District – If Different From Above)

information to **Coloma Community Schools** for \_\_\_\_\_.  
(Name of Student)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

➔ **To help expedite the processing of this application, a copy of the students’ latest report card or transcript should be included with the completed application.** ←

*Questions? Please call Dena Garland at 269.468.2424 x10 or email at: [dgarland@ccs.coloma.org](mailto:dgarland@ccs.coloma.org)*

Return the completed application and requested documentation no later than June 3, 2019 to:  
Dena Garland  
Coloma Community Schools  
P.O. Box 550 Coloma, MI 49038