

Allegan Area Schools of Choice Application

2019-2020 School Year

Please complete one application for each child.

THIS FORM TO BE USED IF YOUR RESIDENT DISTRICT IS: Allegan, Martin, Plainwell, Wayland, Hopkins, Fennville, or Glenn Return completed form to: Superintendent, Otsego Public Schools, 400 Sherwood Street, Otsego, MI 49078 or any Otsego Public Schools office.

District of Choice: Otsego Public Schools

School Building Requested: _____

Student's Name: _____ Birthdate: _____

Male Female Grade (in year applying for): _____ District in Which You Live: _____

District Attended Previous School Year: _____

Has this student been suspended within the past two years, or **ever** expelled from school?

No Yes. If yes, please explain (use additional pages if necessary): _____

Does this student have a sibling/member of the same household currently attending the requested district?

No Yes. If yes, please provide name of student(s): _____

Parent/Guardian Name (please print): _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

By signing below, I acknowledge that I understand the rules, regulations, grading system, transportation expectations and graduation requirements of my Choice School District; I agree to abide by the School of Choice District's requirements; and I agree to provide a birth certificate and immunization records to the School of Choice at the time of registration. Any misleading or incorrect information provided on this form will void this application.

Parent/Guardian Signature: _____ Date: _____

Student (if over 18) Signature: _____ Date: _____

For Choice School Use Only – Receiving District

- Applicant Accepted for Enrollment – *Contacted family*
- Applicant NOT Accepted – *Contacted family*

Authorizing Signature (Superintendent): _____ Date: _____