



Buchanan Community Schools

401 W. Chicago St., Buchanan, MI 49107 Phone: 269.695.8401

Buchanan Community Schools put students first! 2008-2009 APPLICATION FOR SCHOOLS OF CHOICE

Please complete one application per child.

CHILD'S NAME: _____ DATE OF BIRTH _____

PRESENT ADDRESS: _____

PHONE NUMBER: (Home) _____ (Work) _____ (Cell) _____

PARENT/GUARDIAN NAME(S): _____

CHILD'S RESIDENT DISTRICT: _____ PRESENT SCHOOL: _____

SCHOOL PHONE NUMBER: _____

GRADE LEVEL FOR 2008-2009: _____ Are there siblings also applying? Yes No

Does your child currently receive Special Education services? Yes No

Has your child been suspended from school in the last two years? Yes No

If yes, please explain _____

Has your child ever been expelled from school? Yes No If yes, when _____

Do you have any other children enrolled in the Buchanan Schools? Yes No

Names _____

Is there anything you would like for us to know about your child? _____

Depending on your area of residence, interest from your area, etc., transportation may be an option.

If any of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Buchanan Community Schools.

I give permission to the _____ School District to release all school records
(Resident District)

to the Buchanan Community Schools for _____
(Name of Student)

(Parent Signature)

(Date)

(Principal Signature Approval)

(Date)

Please submit to: Buchanan Community Schools~Superintendent's Office~ 401 W. Chicago St.~
Buchanan, MI 49107~ Fax: 269.695.8450