



# Buchanan Community Schools

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

## Preparing Students for Life-long Success 2018-19 APPLICATION FOR SCHOOLS OF CHOICE

The following application must be filled out completely and returned to the Buchanan Community Schools Superintendent's Office. Applications will be accepted July 9th through August 7<sup>th</sup> at 4:00 p.m. You may contact the Superintendent's office after August 13<sup>th</sup> to find out the status of the application. (Please print all information. Complete ONE application for each student. Incomplete or fraudulent applications may be rejected. If your child already attends a district school under a Schools of Choice program approval from a previous year, a new application is not required.)

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

PRESENT ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Student Resides With: \_\_\_\_\_ Relationship: \_\_\_\_\_

CHILD'S RESIDENT DISTRICT: \_\_\_\_\_ PRESENT SCHOOL: \_\_\_\_\_

GRADE LEVEL FOR 2018-19: \_\_\_\_\_ Are there siblings also applying?  Yes  No

Does your child currently receive Special Education or 504 Plan?  Yes  No

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

If you checked any of the above, please give details. If Special Education or 504 Plan, applicants must attach a copy of the student's IEP or 504 plan.

\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

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)

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Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Superintendent of Schools: \_\_\_\_\_

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