



Buchanan Community Schools

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

2020-21 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 only be accepted July 13th through August 12th, 2020 at 4:00 p.m.** You may contact the Superintendent's office after August 19th 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).**

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 2020-21: _____ 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)

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