



Buchanan Community Schools

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

2021-22 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 November 17th through December 6th, 2021 at 4:00 p.m.** You may contact the Superintendent's office after December 8th 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: _____

CURRENT GRADE LEVEL: _____ 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

