

Buchanan Community Schools

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

2022-23 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 May 16th through June 13th, 2022 at 4:00 p.m. You may contact the Superintendent's Office after July 1st 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	
PHYSICAL ADDRESS:		ZIP_	
MAILING 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 ap _l	plying? □Yes	□No
Does your child currently receive Special Ed	ducation or 504 Plan?	□Yes	\square No
Has your child been suspended from scho	ool in the last two years?	□Yes	□No
If you checked any of the above, please give of copy of the student's IEP or 504 plan.	letails. If Special Educatior	n or 504 Plan, applica	nts <u>must</u> attach a
Has your child ever been expelled from so	:hool? □Yes □No	If yes, when	
Do you have any other children enrolled in	n the Buchanan Schools	? □Yes	\square No
Names			
Is there anything you would like for us to	know about your child? _		
I give permission to the(Resident District to the Buchanan Community Schools for	*)	to release all scho	ol records
to the Bushanan community controls for	(Name of Student)		'
	- <i>(Date</i> ********		*****
Application: Approved Denied Reason for Superintendent of Schools:			