

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 November 7 through November 25, 2022 at 4:00 p.m. You may contact the Superintendent's Office after December 9 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 BIRT	Ή
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 applying? \square Yes		\square No
Does your child currently receive Spec	ial 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 of copy of the student's IEP or 504 plan.	give details. If Special Education or		
Has your child ever been expelled fro	om school? 🗆 Yes 🗆 No	If yes, when	
Do you have any other children enrol	led in the Buchanan Schools?	□Yes	□ No
Names			_
Is there anything you would like for u	s to know about your child?		
I give permission to the(Residen		release all scho	ol records
to the Buchanan Community Schools	s for(Name of Stu	dent)	•
(Parent Signature) ************************************		*******	*****
Application: Approved Denied Rea Superintendent of Schools:			