

Buchanan Community Schools

401 W. Chicago Street, Buchanan, MI 49107 | Phone: 269-695-8401

2023-24 APPLICATION FOR SCHOOLS OF CHOICE

The following application must be filled out completely and returned to the Buchanan Community Schools Superintendent's Office. <u>Applications will only be accepted April 27, 2023 through May 26, 2023 at 4:00 p.m.</u> You may contact the Superintendent's Office after June 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:	GENDERDATE OF BIRTH			
PHYSICAL ADDRESS:			ZIP	
MAILING ADDRESS:		2	ZIP	
PHONE NUMBER: (Home)	(Work)	(Cell)		
PARENT/GUARDIAN NAME(S):				
STUDENT RESIDES WITH:	RELATIONSHIP:			
CHILD'S RESIDENT DISTRICT:	PRESENT SCHOOL:			
GRADE LEVEL FOR 2023-24:	Are there siblings also ap	olying?		
Does your child currently receive Special E	ducation or 504 Plan?	□Yes	□No	
Has your child been suspended from sch	ool in the last two years?	□Yes	□No	
If you checked any of the above, please give copy of the student's IEP or 504 plan.	details. If Special Education or	504 Plan, applicant	s <u>must</u> attach a	
Has your child ever been expelled from s		If yes, when		
Do you have any other children enrolled i	in Buchanan Schools?	Yes No	D	
Names				
Is there anything you would like for us to	know about your child?			
I give permission to the		release all school	records	
to the Duchanan community ochools for	(Name of Student)			
(Parent Signature) ************************************				
Application: Approved Denied Reason f Superintendent of Schools:	for Denial:			

Please submit to: Buchanan Community Schools ~ Superintendent's Office 401 W. Chicago Street, Buchanan, MI 49107 ~ Fax: 269-695-8450