

Grass Lake Community Schools

899 South Union Street • Grass Lake, Michigan 49240
(517) 522-5540 • Fax (517) 522-8195

Check one:

1st Semester

Applications not accepted after end of 1st week of school.

2nd Semester

Applications accepted last 2 weeks of first semester.

SCHOOLS OF CHOICE APPLICATION

School Year 2010-2011

Applying for: George Long Elementary Grades K-5 Grass Lake Middle School Grades 6-8 Grass Lake High School Grades 9-12

Student:

Legal Name

Birth Date _____

Last Name First Name Middle Name

Address _____ City/State/Zip Code _____

Grade Entering _____ Previous School Attended _____

Please check: Male Female Home School District in which you reside: _____

Parent/Guardian Name(s) (Please Print): _____

Telephone: Home: _____ Work: _____ Cell: _____

Please list other siblings or household members who attend or have attended Grass Lake Schools: _____

Has the applicant been expelled or suspended from school within the last two (2) years? Yes No

If Yes, for what reason(s)? _____

Does the applicant require Special Education services? Yes No

If yes, please identify the program required _____

Records, including discipline and attendance, may be requested from your previous school. Do you give permission for the applicant's records to be released? Yes No

- Transportation will be the responsibility of the applicant/parent/guardian.
- Michigan High School Athletic Association regulations apply to *all* transfers involving high school age students.
- Application can only be made to one K-12 school district within the Jackson County Intermediate School District.

By signing below, I acknowledge and accept the policies and regulations regarding the Grass Lake "Schools of Choice" Program.

Parent Signature _____ Date _____

Applicants for admission as non-residents and their parents/guardians are hereby notified that the Jackson County Schools do not discriminate on the basis of race, color, national origin, sex, religion, or disability in admission or access to programs, activities, or policies. Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, or Section 504 of the Rehabilitation Act, is directed to contact the district superintendent who will refer you to the individual designated by the school district to coordinate efforts to comply with the regulations implementing the above status.

Office Use Only

Approved

Denied

Signature/Title _____

Date _____

Copies to:

Building Office

District of Residence

Return Completed Form To: Superintendent's Office, 899 South Union Street, Grass Lake, MI 49240