

Check one:

**1<sup>st</sup> Semester**

Applications not accepted after end of 1<sup>st</sup> week of school.

**2<sup>nd</sup> Semester**

Applications accepted last 2 weeks of first semester.

# Grass Lake Community Schools

899 South Union Street • Grass Lake, Michigan 49240

(517) 867-5540 • Fax (517) 522-8195

## SCHOOLS OF CHOICE APPLICATION School Year 2020-2021

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

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

Birth Date

\_\_\_\_\_

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:

\_\_\_\_\_

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

How did you hear about Grass Lake Schools?

Radio

Newspaper

TV

Friend

Other: \_\_\_\_\_

- For Transportation, please contact the Transportation Dept. @ 517-867-5544 or [doug.moeckel@grasslakeschools.com](mailto:doug.moeckel@grasslakeschools.com)
- 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-resident students 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 have 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

Fax: (517) 522-8195

**GRASS LAKE**  
**COMMUNITY SCHOOLS**  
*Individual excellence inspired by tradition and innovation*  
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**Affirmation of Prior Discipline Record**

All non-resident students requesting admittance to Grass Lake Community Schools must complete this form. A willful false statement on this affirmation will result in a report to the appropriate authorities.

In order to process the student's enrollment, the parent or legal guardian (if the student is under 18 years of age) or student (if the student is 18 or older) must answer the questions below:

1. Has the student been convicted of a crime, or are any felony charges pending against the student?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please explain:

2. a.) Has the student been expelled or received a long-term suspension (more than 10 days) from another school district?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- b.) Has the student received a short-term suspension (10 days or less) from another school district in the past two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to part (a) or (b) is yes, please explain in detail [include school name(s), dates and description of the incident(s)]:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Sending (current) School District: \_\_\_\_\_

**Sending School – Please Check One:**

\_\_\_\_\_ According to our records, we can verify that the information provided above by the parent/student is correct.

\_\_\_\_\_ According to our records, the information provided above by the parent/student is NOT correct.

If the student has been involved in offenses resulting in suspensions involving weapons, alcohol, drugs, or willful infliction of injury to persons or an act to threats or violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation to fax number below.

\_\_\_\_\_  
Signature of District Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*\*Please fax to Grass Lake Community Schools Central Office at (517) 522-8195\*\***