

Check one:

1st Semester

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

2nd 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 2024/2025

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: _____ Cell: _____ Email: _____

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 dave.gamble@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

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: _____

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****