

**CHARLOTTE PUBLIC SCHOOLS**

- DISTRICT REGISTRAR -  
517-541-5743 PHONE  
517-541-5745 FAX

**Schools of Choice Application Form**  
(Charlotte, Eaton Rapids, Maple Valley, Potterville, Grand Ledge)

**School Year:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_  
**(Please print all information)**

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

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Soc.Sec.#: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Resident School District: \_\_\_\_\_

**Please note: It is understood that if the parent, guardian, or student (if 18 years of age), withholds information or provides false or inaccurate information, the request and approval are immediately null and void.**

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

.....  
• **Has the student ever been expelled, suspended or dropped out of another school?**  
Yes\_\_\_\_ No \_\_\_\_ If yes, list school(s): \_\_\_\_\_

• **Has the student been receiving Special Education services?**  
Yes\_\_\_\_ No \_\_\_\_ Placement: \_\_\_\_\_  
If yes, please attach copy of last I.E.P.C.

**\*PLEASE NOTE - TRANSPORTATION will be the responsibility of the parent.**  
\*\*\*\*\*

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
**Superintendent of Schools**

**Mail completed form to Charlotte Public Schools,Attn: DISTRICT REGISTRAR, 1068  
Carlisle Highway, Charlotte, MI 48813.**