

CHARLOTTE PUBLIC SCHOOLS

**- DISTRICT REGISTRAR -
517-541-5182 PHONE
517-541-5186 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, 378 State St., Rm #240,
Charlotte, MI 48813.

FORM DISTRIBUTION: YELLOW-REG OFFICE WHITE-PARENT GREEN-CPS BLDG DATE: _____ BY: _____