

# SCHOOLS OF CHOICE APPLICATION

COLDWATER COMMUNITY SCHOOLS

## PLEASE COMPLETE THE FOLLOWING INFORMATION:

Please print clearly or type.

SCHOOL DISTRICT IN WHICH YOU LIVE: \_\_\_\_\_

SCHOOL DISTRICT ATTENDING NOW (IF DIFFERENT): \_\_\_\_\_

SCHOOL DISTRICT OF CHOICE: \_\_\_\_\_

### STUDENT INFORMATION:

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

LAST BUILDING ATTENDED: \_\_\_\_\_ 2021/22 GRADE COMPLETED: \_\_\_\_\_

GRADE ENTERING 2022/23: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

REASONS FOR REQUESTING THE SCHOOL OF CHOICE:

IS YOUR CHILD RECEIVING SPECIAL EDUCATION OR OTHER SPECIAL SERVICES OF ANY KIND? PLEASE LIST:

DOES YOUR CHILD PARTICIPATE IN ANY SPECIAL PROGRAMS? PLEASE LIST:

HAS THIS CHILD EVER BEEN EXPELLED OR SUSPENDED DURING THE LAST TWO YEARS?: YES NO (CIRCLE ONE)  
IF YES, EXPLAIN WHY AND DATE(S). USE REVERSE SIDE IF NEEDED:

### ACKNOWLEDGMENTS:

By signing below, I acknowledge that I have received, read and understand the description and rules of the Schools of Choice Program within Coldwater School District. I have received, read and understand the rules, regulations, grading system, and graduation requirements of the Choice School District. I agree to abide by the Choice School District's requirements. I agree to attend the Choice School District for one full school year. I agree to provide a birth certificate, immunization records, and any other required records to the Choice School District. I understand that any false or misleading information which I provide may cause my child to be ineligible for acceptance by a Choice School or to be removed as a Choice student, if selected.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE (IF OVER 16): \_\_\_\_\_ DATE: \_\_\_\_\_

### RECORD RELEASE FORM

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby permit the \_\_\_\_\_ School District to release the records or copy records of (student name) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ to the \_\_\_\_\_ School District.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE (IF LEGALLY EMANCIPATED): \_\_\_\_\_ DATE: \_\_\_\_\_

### CONTRACTUAL OBLIGATION FOR LEGAL TUITION AND/OR TRANSPORTATION FEES

The undersigned parent/guardian (or student, if legally emancipated) acknowledges that this application constitutes contractual and legal responsibility for the payment of any tuition and/or transportation fees, if any, if my student is accepted for enrollment in the Choice School District.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE (IF LEGALLY EMANCIPATED): \_\_\_\_\_ DATE: \_\_\_\_\_

CHOICE SCHOOL REPRESENTATIVE SIGNATURE: \_\_\_\_\_ VISIT DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

Required for Consideration for Choice School

***School of Choice***  
**Notice of Acceptance/Rejection**

**Student Name:** \_\_\_\_\_ **Grade in 2021/2022:** \_\_\_\_\_  
(the school year just completed)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Resident District:** \_\_\_\_\_

**Choice District Desired:** \_\_\_\_\_

**This is to advise you that your application to the *School of Choice Program* has been:**

**Accepted**

**Rejected due to:**

**Lack of space in school**

**Lack of space in program**

**Lack of space in district**

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

A student accepted for transfer into a *School of Choice* is allowed to remain in the *School of Choice*, without re-application, until his/her class graduates from that school.

\_\_\_\_\_  
Signature of Superintendent of Resident District

\_\_\_\_\_  
Date

Parent or guardian: Please sign below to indicate your receipt of this letter and to verify your intent to attend the *School of Choice* for the 2022/2023 school year.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT:** RETURN TO *Coldwater Community Schools, 401 Sauk River Drive, Coldwater, MI 49036*.  
Questions should be directed to Julie Fitch or Terry Whelan at 517-279-5910.

**This signed notification must be on file with *COLDWATER COMMUNITY SCHOOLS* before transfer to the *School of Choice* can be finalized.**