

**RE: Coldwater School's Request for Schools of Choice Applicant Information Pursuant to Michigan's Schools of Choice Act\***

School Attended in:  2020-21  2021-22: \_\_\_\_\_

Dear Principal or Counselor,

The student listed below currently attends your school or attended a school in your district. His/her parent or guardian has applied for this student's enrollment in our school district for the 2022-2023 school year under our Schools of Choice program.

To process and consider the application, we are allowed to request and receive information regarding this student (see Section 13 of the Schools of Choice Act). Please also provide us with a copy of:

**Discipline and Special Education**

Name of Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade for 22-23: \_\_\_\_\_

**PLEASE COMPLETE THE QUESTIONS INDICATED AND SIGN AND DATE THE FORM BELOW.**

**Grades K-12:** Has the student been expelled from any school in your district? YES ( ) NO ( )

If **YES**, provide the date(s) and reason(s): \_\_\_\_\_

**Grades K-5:** Has the student been suspended in the past one (1) year? YES ( ) NO ( )

Has the student been suspended for a violent or illegal act during the past two (2) years? YES ( ) NO ( )

**Grades 6-12:** Has the student been suspended from school in the past two (2) years? YES ( ) NO ( )

If **YES**, provide the date(s) and reason(s): \_\_\_\_\_

\_\_\_\_\_  
Principal or Designee

\_\_\_\_\_  
Date

**PLEASE FAX THE COMPLETED FORM AS SOON AS POSSIBLE TO: 517-279-7651 ATTN:JULIE**

If you have any questions, please contact Julie at 517-279-5910 ext. 2253.

Thank you for your assistance.

*Terry Ann Whelan*  
Superintendent

\*Coldwater Community Schools does not grant or refuse enrollment based on intellectual, academic, artistic, abilities including athletics, talent, mental or physical disabilities, religion, race, age, color, national origin, sex, height, weight, marital status, or other factors in violation of state or federal law prohibiting discrimination