

BRIDGMAN PUBLIC SCHOOLS

9964 Gast Road

Bridgman, MI 49106

SCHOOLS OF CHOICE APPLICATION FORM

2017-2018

(A separate application form must be completed for each student desiring to attend the Bridgman Public Schools under the Schools of Choice State Aid Act of 1996, P.A. 300, Section 105.)

Name of Student _____

Permanent Address of Student _____
(Also include mailing address
if different) _____

Home Telephone # of Student _____

Student's Date of Birth _____

Student's Resident School District _____

Grade Level being Requested _____
(Note for high school students: credit requirements for grade level must be met according to BHS policies)

Name(s) of Parent(s)/Legal Guardian _____

Address of Parent(s)/Legal Guardian _____

Work Telephone # of Parent(s)/Legal Guardian _____
Guardian

Please circle answer:

1. Has the student ever been expelled from another school? If yes, Yes No
please explain: _____

2. Has the student been suspended from another school during the Yes No
preceding two (2) school years? If yes, please explain: _____

3. Has the student been truant or had attendance problems at another Yes No
school during the preceding two (2) years? If yes, please explain: _____

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|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 4. | It is understood that a 9th grade student will be athletically eligible to participate in sports according to M.H.S.A.A. rules. 10th, 11th and 12th grade students are athletically ineligible for one (1) full semester according to M.H.S.A.A. rules. | Yes | No |
| 5. | Was the applicant enrolled in a previous school year in the Bridgman Public Schools? | Yes | No |
| 6. | Did the applicant receive special education service(s) the previous school year? If so, please list service(s): _____ | Yes | No |
| 7. | Does the applicant have a brother/sister already attending Bridgman Public Schools under the Schools of Choice Program? If so, please list name(s) and grade(s): _____
_____ | Yes | No |
| 8. | It is understood that the student will only be eligible for transportation services outside the Bridgman Public School District at specifically designated bus stops. (The student may receive transportation from any pick up/delivery point within the Bridgman Public School District.) | Yes | No |
| 9. | It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions. | Yes | No |

As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Section 105, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. If accepted, I/we shall provide the transportation for my/our child to the school he/she will be attending or to a regular school bus stop within the school district or to a specifically designated bus stop outside the district. It is also understood that if the Bridgman Public Schools find any information that is incorrect or falsified on this application, that this would immediately terminate enrollment of the student on this form. My/Our signature(s) also holds harmless the Bridgman Public Schools, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines.

Signature(s) of Parent(s)/Legal Guardian:

Date _____

----- (To be completed by an official of Bridgman Public Schools) -----

Date Application Received _____

Request is: **Granted** _____ **Denied** _____

Date Letter of Notification sent to Parent(s)/Legal Guardian: _____