



Wyandotte

****NO EARLY OR LATE SUBMISSIONS WILL BE ACCEPTED****

*****STUDENT INFORMATION - A separate application must be completed for each student applying for School of Choice*****

For Elementary, please number your preferences from 1 to 4, with 1 being the most preferred.

Requested School: Garfield Jefferson Monroe Washington Wilson MS Roosevelt HS

PLEASE NOTE: Requested school cannot be guaranteed. Building Placement is determined by WPS.

Grade for the 20/21 School Year: Young 5's K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th

Did the student attend Wyandotte Schools during the 19/20 School Year but moved during the School Year? Yes No

Student Name: _____ Date of Birth: _____
Last First Middle

Address: _____
No. Street City State Zip Code

Has student ever been expelled? No Yes: An expulsion makes the student ineligible for enrollment and will result in **DENIAL**.

Has student been suspended since Sept 2018 (18/19 or 19/20 School Year)? No Yes: Out of School Suspension(s) will result in **DENIAL**.

Does the student receive **Special Education Services**? No Yes **If Yes, a copy of IEP is required**

Current Wyandotte Public School students who moved out of Wyandotte during the school year are not required to submit the IEP.

Does the student receive **Speech and/or Language Services**? No Yes Does the student have a **504 Plan**? No Yes

Does the student have a sibling (or household member) that CURRENTLY attends Wyandotte Public Schools?

No Yes - If Yes, please provide the information below:

SIBLING(S) ATTENDING WYANDOTTE SCHOOLS: Please complete if a sibling currently attends a Wyandotte School

Sibling Name: _____ Grade: _____ Wyandotte School Attending: _____

Sibling Name: _____ Grade: _____ Wyandotte School Attending: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian: _____ Resides w/student: Yes No
Last First

Address if different from student: _____
No. Street City State Zip Code

Primary Telephone: _____ Alternate Telephone: _____

OPTIONAL - FOR INFORMATIONAL PURPOSES ONLY

Are there any other children in the household not currently attending Wyandotte Public Schools? Yes No

If Yes, what is their age(s)? _____

PARENT SIGNATURE

By signing below, I certify that all of the information provided above is true and I acknowledge and accept the policies, procedures and requirements of the Wyandotte Public Schools' School of Choice program. I understand that **false or incomplete information** will disqualify and remove the applicant from Wyandotte Public School District's School of Choice application process.

Parent/Guardian Signature: _____ Date: _____

- Applications must be submitted to the Wyandotte Board of Education, 639 Oak Street, Wyandotte, Michigan, 48192, during the application period.
- Notification of the status of the School of Choice application will be within 15 days of the close of the application period, as long as discipline check has been returned
- Completed applications must be **returned by September 3, 2020**

OFFICE USE ONLY: Approved, mailed _____ Denied, mailed _____



Wyandotte

Authorization for Release of Student Discipline Information

The student indicated below is requesting consideration for enrollment in Wyandotte Public Schools under the **SCHOOL OF CHOICE PROGRAM** for the **2020/2021 School Year**. This Student Release of Information is for disclosure and/or release of **DISCIPLINE information only**. **PLEASE NOTE: APPLICATIONS MAY BE SUBJECT TO A SECOND DISCIPLINE CHECK.**

STUDENT NAME: Birth date:
Last Name, First Name

SCHOOL/S PREVIOUSLY ATTENDED: (List **all schools** previously attended within the past two (2) years)

School: Grade: School Phone #
 School Fax #
School Address, City, State, Zip Code

School: Grade: School Phone #
 School Fax #
School Address, City, State, Zip Code

In compliance with Family Educational Rights and Privacy Act (FERPA) the undersigned requests **release of discipline information** relative to the above named student to Wyandotte Public Schools as indicated below. As parent/guardian, I hereby give Wyandotte Public Schools, its administrators, employees and agents, permission to request and review all discipline documents and materials (including any expulsion records and/or suspension records from the past two years) contained in any file owned, possessed or managed by any other school or school district. I hereby authorize said school(s) or school district(s) to comply with the Wyandotte Public School District's request for said discipline documents and materials.

Parent / Guardian Printed Name: _____ Parent Telephone: _____

Parent / Guardian Signature: _____ Date: _____

PARENTS/GUARDIANS DO NOT WRITE BELOW THIS LINE

SCHOOL DISCIPLINE INFORMATION – COMPLETED BY SCHOOL OFFICIAL ONLY

The student indicated above is requesting consideration for enrollment in Wyandotte Public Schools under the **SCHOOL OF CHOICE PROGRAM** for the **2020/2021 School Year**. This Student Release of Information is for disclosure and/or release of **DISCIPLINE information only**.

Note: If accepted as a School of Choice Student, school records will be requested by the school at a later date.

Please **check the appropriate response** as it relates to the above student's suspension and/or expulsion:

- YES Suspension 2018/2019 School Year
- YES Suspension 2019/2020 School Year
- YES Expulsion: Date: _____
- NO Suspension 2018/2019 School Year
- NO Suspension 2019/2020 School Year
- NO Expulsion

SCHOOL : _____ NAME: _____ DATE: _____

PLEASE RETURN THIS FORM BY FAX OR EMAIL WITHIN THREE (3) BUSINESS DAYS OF RECEIPT
ATTN: AMANDA YOUNG, CHILD ACCOUNTING • FAX: (734) 759-6039 • EMAIL: youngam@wy.k12.mi.us • PHONE: (734) 759-6014