

SCHOOLS OF CHOICE APPLICATION

Student Name

Application Date

Date of Birth

2023-2024 Grade Level

Street Address, City, Zip Code

School district in which student lives

County of Residence

School district last attended

(Name, address, city, state, phone number)

Parent/Guardian Name (Please Print)

Parent/Guardian Home Telephone Number

Is the student eligible for special education programs and/or services according to statute or rule, or is the student a child with a disability as defined under the Individuals with Disabilities Education Act (IDEA).

YES NO

Has this student ever been suspended, expelled, or convicted of a felony?

YES If yes, please provide dates & explanation: _____

NO _____

Are any siblings currently attending or applying for enrollment with Gaylord Community Schools?

NO YES – Please list name(s), grade(s) and building(s) below.

Name _____ Grade _____ Building _____

Name _____ Grade _____ Building _____

Name _____ Grade _____ Building _____

Reasons for seeking enrollment in Gaylord Community Schools:

By signing this application, I authorize the contact of and release of my child's records from the school district(s) previously attended.
If my child is accepted for enrollment in the Gaylord Community School district through its Schools of Choice program, I agree to the following conditions:

- A. My child will abide by the rules of the school and any applicable policies of the Board of Education.
- B. I shall provide the transportation for my child either to the school s/he will be attending or to a regular school bus stop within the school district.
- C. I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

Parent/Guardian Signature

Date

~Office Use Only~

Date Received:

Approved: Y N

Initials _____ Date _____

Notification Sent:

STATEMENT OF NONDISCRIMINATION

It is the policy of Gaylord Community Schools that no person shall, on basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment.

Inquiries should be addressed to:

Civil Rights Coordinator

615 S. Elm Avenue, Gaylord, MI 49735 or 989-705-3080.