

Application for Schools of Choice

Homer Community Schools

403 South Hillsdale Street • Homer, MI 49245

Phone: 517-568-4463 • Fax: 517-568-4468 • Website: homerschools.net

Date of Application _____

Name of Student Applicant _____

Date of Birth _____ Student Grade (entering) _____

Last School Attended _____

School District of Residence _____

County of Residence: Calhoun Hillsdale Branch Jackson Eaton Kalamazoo Barry

Parent Information

Name(s) _____ Phone _____

Address _____ City _____ Zip _____

Has the applicant been expelled or suspended from school within the last two (2) years? Yes No

If yes, for what reason(s)? _____

Does the applicant require special education services? Yes No

If yes, please list special education services receiving. _____

Records, including discipline and attendance, may be requested from your previous school. Do you give permission for the applicant's records to be released? Yes No

Are you completing a schools of choice application for other siblings or household members? Yes No

If yes, please list by name and grade level. _____

- Michigan High School Athletic Association regulations apply to all transfers involving high school age students.

I affirm that, as the parent/legal guardian, all information provided above is true and accurate. I understand any false information provided by me, may be reason for denial of schools of choice acceptance.

Parent Signature _____

School Office Use Only

Approved Denied

School bldg. received copy of application

Building Principal's Signature