

**SCHOOLS OF CHOICE APPLICATION**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
2024-2025 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- C. I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.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.