

Request to Enroll in KPS



Every child, every opportunity, every time

Student Services
1220 Howard St, Kalamazoo, MI 49008
(269) 337-0161, Fax (269) 337-0169
2024-2025 School Year

Complete one application per student. Application must be completed by the student's legal parent/guardian. Completed form and any supporting documentation (including a release from the resident district) should be submitted to the attention of Mindi Miller. **Student must reapply and obtain a release annually if interested in continuing in the Kalamazoo Public Schools.** (Please note that students eligible for PA227 do not have to reapply as long as the parent/guardian remains employed with KPS). If you continue to live outside of the district, then your child is ineligible for The Kalamazoo Promise.

| Contact Information: | | | | |
|---|-----|---------|-------|-------------|
| Student Name | | DOB | | 24-25 Grade |
| Address | | City | | Zip |
| Parent/Guardian | | Phone # | | |
| Are you preparing to move to KPS? | Yes | No | Email | |
| If yes, when? (Please provide any supporting documentation) | | | | |

| District Information | | | |
|--|-----|----------------|--|
| Students resident district? | | | |
| What school is student currently attending? | | | |
| What school are you requesting: | | Second Option: | |
| Does student receive special services? | Yes | No | If yes, please explain: |
| Has student ever been suspended from any school? | Yes | No | If yes, please explain: |
| Has student ever been expelled from any school? | Yes | No | If yes, please explain: |
| Does another family member attend the school you are requesting? | Yes | No | If yes, list name, grade and relation: |

| Reason for request to attend Kalamazoo Public Schools |
|--|
| Give a detailed reason for your transfer request and attach any documentation. |
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It is my understanding that once my request is approved to have my child(ren) attend school the Kalamazoo Public Schools, I am no longer eligible for the Kalamazoo Promise.

| | | |
|--------------------|--|---------------------------|
| Please Initial Box | | Parent/Guardian Signature |
|--------------------|--|---------------------------|

| Parent/Guardian Signature | |
|---|-------|
| By signing below I understand that incomplete, inaccurate or false information I have provided may invalidate this transfer. If approved I acknowledge that transportation will be my sole responsibility. If my student attends a secondary level school, I also acknowledge that this transfer is not for athletic purposes. I also give permission to contact my student's prior school(s) to check items such as attendance, grades and discipline. | |
| Parent/Guardian Signature: | Date: |

| Office Use ONLY: | | |
|-------------------------|-----------------------|-------|
| Disposition of KPS: | Authorized Signature: | Date: |
| Yes No | | |