

SCHOOL OF CHOICE

APPLICATION FOR THE 2026-2027 SCHOOL YEAR

School of Choice applications from non-resident students are being accepted by the Montrose Community Schools for the 2026-2027 First Semester. School of Choice applications are available for specific grades. Completed applications can be submitted **May 11, 2026-August 21, 2026. No applications will be accepted after 4:00 p.m. on August 21, 2026.**

STUDENT INFORMATION			
<i>A separate application must be completed for each student applying for School of Choice</i>			
Last Name:	First:	Middle:	Date of Birth:
Address:		City:	Zip Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade in 2025-2026 School Year:	Name of School Previously Attended:	
Has the student been suspended since September 2024? <input type="checkbox"/> NO <input type="checkbox"/> YES		Address of School Previously Attended:	
Has the student ever been expelled? <input type="checkbox"/> NO <input type="checkbox"/> YES		Fax Number:	
Does the student receive Special Education Services? <input type="checkbox"/> NO <input type="checkbox"/> YES		NOTE: Special education services may require a cooperative agreement between school districts before student can be accepted through the School of Choice option.	
Does the student receive Speech and/or Language Services? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Does the student have a 504 Plan? <input type="checkbox"/> NO <input type="checkbox"/> YES			
If the student has a sibling that is already attending the Montrose Community Schools, please complete:			
Sibling Name:		Sibling Grade:	
Are you applying for School of Choice for any other student(s) in MCS? If so, please provide ALL name(s) & grade(s).			
Sibling Name(s):		Sibling Grade(s):	
PARENT/GUARDIAN INFORMATION			
Last Name:	First:	Middle:	Resides with student? <input type="checkbox"/> NO <input type="checkbox"/> YES
Address:		City:	Zip Code:
Home Phone:		Alternate Phone:	
PARENT/GUARDIAN SIGNATURE			
<ul style="list-style-type: none"> ✓ 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 Montrose Community School's School of Choice program. ✓ I understand that false or incomplete information will disqualify and remove the student applicant from the School of Choice application process. ✓ I understand that my signature indicates my approval for the release and disclosure of student discipline information only. 			
Parent/Guardian Signature:			Date:

Please return this application for enrollment consideration to:

MONTROSE COMMUNITY SCHOOLS
300 Nanita Drive, P.O. Box 3129
Montrose, Michigan 48457
ATTN: Jennifer Sutton, Executive Secretary
EMAIL: jsutton@montroseschools.org FAX: 810.591.7268

Building Use Only	Application Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Principal's Initials:	Date:
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