

**SCHOOL DISTRICT (TBAISD)**  
**COOPERATIVE SCHOOLS OF CHOICE PROGRAM APPLICATION FOR PARTICIPATION (FY2019-20)**

Received Date: \_\_\_\_\_

Approved  Yes  No

Initials: \_\_\_\_

Date: \_\_\_\_

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

**APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)**

Applicant Student Name: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Sibling #1 Name: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Sibling #2 Name: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Student Grade (entering FY19-20) \_\_\_\_\_

Please check one: Male  Female

Last School attended \_\_\_\_\_

Student Grade (entering FY19-20) \_\_\_\_\_

Please check one: Male  Female

Last School attended \_\_\_\_\_

Student Grade (entering FY19-20) \_\_\_\_\_

Please check one: Male  Female

Last School attended \_\_\_\_\_

REASON(S) FOR SEEKING TO ENROLL IN THE \_\_\_\_\_ School DISTRICT: \_\_\_\_\_

**Parent/Guardian:**

Parent/Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are any siblings currently enrolled/attending the \_\_\_\_\_ Schools District?  Yes  No

If yes, please list name and grade: \_\_\_\_\_

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES?  Yes  No

OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL?  Yes  No If Yes, please provide an explanation: \_\_\_\_\_

**Please read and acknowledge the following by checking the boxes and signing below:**

I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.

I understand that I am committing to enroll the above named student for a period of not less than one academic year.

I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.

I understand transportation will be the responsibility of the parent/guardian.

I understand Michigan High School Athletic Association regulations apply to all high school age transfers.

I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

I agree to hold the \_\_\_\_\_ District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released?  Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESIDENT SCHOOL DISTRICT INFORMATION:** (To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Resident School: \_\_\_\_\_ Schools

Signature/Superintendent Releasing Student: \_\_\_\_\_ Date of Release: \_\_\_\_\_

Signature/Accepting Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the \_\_\_\_\_ School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.