

**Application for School of Choice Enrollment
In
Laingsburg Community Schools**

FOR OPEN ENROLLMENT PERIOD: June 20 – September 9, 2016

Please answer all the questions as fully as you can.

1. Student's name _____ Date _____
2. Name of parent(s) or legal guardian(s) _____

3. Address - Street - PO Box _____
City - Zip Code _____
4. Phone number(s) _____ home
_____ work - Father
_____ work - Mother
5. Student's date of birth _____
6. Which school district will you be residing in when you want this application to take affect?

7. What grade level are you applying to for enrollment? _____
8. What school did the student most recently attend? _____
9. What is the last grade the student completed? _____
10. Did the student receive any special education services? _____ Yes _____ No

What type of special education services? _____

(The state requires Laingsburg Community Schools to have a written agreement in place with the pupil's resident district if the student is receiving special education services.)

11. Has the student been suspended from school or expelled within the last two years? If yes, the student may not be accepted for enrollment.

_____ yes _____ no

If yes, please explain

12. Why do you want the student to attend Laingsburg Community Schools?

Please return this application to the Superintendent's Office at 205 S. Woodhull Street, Laingsburg, MI 48848. If you have questions about your application you may call the superintendent at (517) 651-2705 extension 1026.