

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

**FOR OPEN ENROLLMENT PERIOD: June 21 – September 11, 2020**

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.