

School of Choice Application

Return by 3:00 p.m., Thursday, June 13, 2019

Chelsea School District, 500 Washington Street, Chelsea, MI 48118

Fax: 734.433.2218

Student's Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Birth Date: _____

PRESENT SCHOOL: _____

PRESENT GRADE: _____

THIS APPLICATION IS FOR WHAT GRADE: _____

What School District does this student currently live in?

Parent/Guardians: _____

Address (if different from student): _____

City: _____ Zip: _____

Phone: _____ Email: _____

List any other siblings currently attending Chelsea School District:

Name: _____ Grade: _____ Building: _____

Name: _____ Grade: _____ Building: _____

Please indicate the services, if any, which are currently being provided for your child:

Special Education _____ Gifted/Talented _____ Remedial Help _____ ESL _____ Other _____

In accordance with Chelsea School District regulations for acceptance of non-resident students, the parent/guardian must certify the following information:

Has this student ever been expelled from school? No Yes If yes, date: _____

Has this student been suspended during the past two years? No Yes If yes, date: _____

Has the student ever been reported as a truant? No Yes If yes, date: _____

Has the student ever been asked to leave a non-public school? No Yes If yes, date: _____

Affirmation of Prior Discipline Sent from previous school? No Yes N/A

Does the student currently have suspension or expulsion proceedings or is the student currently under investigation for a serious infraction that may result in suspension or expulsion? No Yes

Explain any yes answers:

Failure to report this information will result in the immediate disenrollment of the student.

My signature below signifies that I understand the above limitations on acceptance and certify that the information provided on this application is true and complete. I further understand that failure to accurately report the requested information is grounds for immediate disenrollment from Chelsea School District. My signature also authorizes the release of my child's records to Chelsea School District prior to acceptance in the district.

I understand that I must provide timely transportation for my child/children to and from school.

For Office Use Only
Date Received: _____
Grade: _____
School of Choice Lottery # _____
Grade/Program: _____
Date Processed: _____

Parent/Guardian Signature

Date