

Coloma Community Schools

Phone: 269-468-2424 Fax: 269-468-2440

2518 Boyer Road / P.O. Box 550

Coloma, MI 49038

Student # _____

(School use only)

APPLICATION FOR "SCHOOLS OF CHOICE" FOR 2010-2011

UNDER SECTION 105c LEWIS-CASS AND VAN BUREN COUNTIES

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: (HOME) _____ (WORK) _____

PARENT/GUARDIAN NAME(S): _____

SCHOOL DISTRICT YOU RESIDE IN: _____ GRADE FOR 2010-11: _____

SCHOOLS ATTENDED: PRESENT (09-10): _____

PREVIOUS (08-09): _____

Grades K - 7:

Has your child been suspended from school during the past one (1) year? Yes ___ No ___

Grades 8 - 12:

Has your child been suspended from school in the last two (2) years? Yes ___ No ___

Grades K - 12: Has your child ever been expelled from school? Yes ___ No ___

Do you have any other children enrolled in the Coloma Schools? Yes ___ No ___

Does applicant child live in the same household with any other child(ren) who attended Coloma Schools in 2009-10? Yes ___ No ___

If you check Yes, please give the other child(ren)'s name(s) and school name in the space(s) below.

Other Students Names

Coloma School Attended in 2009-10

Is this student currently or ever been enrolled in special education classes? Yes ___ No ___

NOTE: Coloma Schools is required to obtain a 105c Special Education Agreement for any Schools of Choice student that resides outside the Berrien County area and is currently receiving special education services from their resident district. If Coloma is unable to obtain this agreement from your child's school district, your child will not be able to attend Coloma Schools under the Schools of Choice program.

SED: _____

IMPORTANT: Please be sure to sign the release for records on the reverse side.

If any of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Coloma Community Schools.

NOTE: THIS FORM IS AN APPLICATION ONLY. COMPLETION OF THIS FORM DOES NOT GUARANTEE STUDENT WILL BE ACCEPTED INTO THE SCHOOLS OF CHOICE PROGRAM.

I give permission to the _____ School District and the
(Current School District)

_____ School District to release all school records
(Previous School District - If Different From Above)

to the **Coloma Community Schools** for _____.
(Name of Student)

(Parent Signature)

(Date)

NOTE: STUDENTS APPLYING FOR GRADES 8 – 12 - PLEASE ATTACH A COPY OF YOUR LATEST REPORT CARD OR TRANSCRIPT.

Return the completed application and requested documentation, if applicable, as soon as possible but no later than **September 10, 2010** to:

Dena Garland
Coloma Community Schools
2518 Boyer Road / P.O. Box 550
Coloma, MI 49038