

**GAYLORD COMMUNITY SCHOOLS
SCHOOLS OF CHOICE APPLICATION**

Student Name

Application Date

Date of Birth

2010-11 Grade Level

Street Address, City, Zip Code

School district in which student lives

School district last attended (Name, address, city, state, phone number)

Parent/Guardian Name

Parent/Guardian Home Telephone Number

Has this student ever been suspended, expelled, or convicted of a felony?	
<input type="radio"/> YES	If yes, please provide dates & explanation: _____
<input type="radio"/> NO	_____

Are any siblings currently attending or applying for enrollment with Gaylord Community Schools?		
<input type="radio"/> NO	<input type="radio"/> YES - Please list name(s), grade(s) and building(s) below.	
Name _____	Grade _____	Building _____
Name _____	Grade _____	Building _____
Name _____	Grade _____	Building _____

Reasons for seeking enrollment in Gaylord Community Schools:
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By signing this application, I authorize the contact of and release of my child's records from the school district(s) previously attended.

If my child is accepted for enrollment in the Gaylord Community School district through its Schools of Choice program, I agree to the following conditions:

A. My child will abide by the rules of the school and any applicable policies of the Board of Education.

B. I shall provide the transportation for my child either to the school s/he will be attending or to a regular school bus stop within the school district.

C. I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

Parent/Guardian Signature

Date

~Office Use Only~	
Date Received: _____	
Approved: Y N	
Initials _____	Date _____
Notification Sent: _____	

<small>STATEMENT OF NONDISCRIMINATION</small>
<small>It is the policy of Gaylord Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment. Inquiries should be addressed to: Civil Rights Coordinator, 615 S. Elm Street, Gaylord, MI, 49735, 989/705-3080.</small>