



For School Year: _____

School of Choice Application

The Lincoln Consolidated Schools Board of Education has opened its doors to all students residing in Washtenaw County and all contiguous counties. Completed application forms and requested documentation must be **returned to the Superintendent's Office**. A separate application form must be completed for each student desiring to attend the Lincoln Consolidated Schools under the Schools of Choice State Aid Act of 1996, P.A. 300, Sections 105 and 105c.

Student Name: _____ Student Date of Birth: _____
Last First Initial

Permanent Address for Student: _____
Number Street City Zip

Mailing Address (if different): _____
Number Street City Zip

Home/Cell Phone: _____ Grade Entering: _____
District in which you reside: _____ Note for high school: Credit requirements for grade level must meet LCS policies.

How did you hear about Lincoln's school of choice option? _____

Parent/Legal Guardian Name: _____ Work Phone: _____
Last First

Parent/Legal Guardian Name: _____ Work Phone: _____
Last First

Email Address: _____

List previous schools attended with current/most recent first (attach an additional sheet if necessary):

| Name of School | City, State | Dates Attended | Reason for Leaving |
|----------------|-------------|----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please complete the following:

1. Has the student ever been expelled from another school? If yes, please explain: Yes No

2. Has the student been suspended from another school during the preceding two (2) school years? If yes, please explain: Yes No

3. Has the student been truant or had attendance problems at another school during the preceding two (2) years? If yes, please explain: Yes No

4. It is understood that the student may be athletically ineligible up to one (1) year according to M.H.S.A.A. rules. WAVE students are NOT athletically eligible. Yes No

5. Was the applicant previously enrolled in Lincoln Consolidated Schools? If yes, when? Yes No

6. Has the applicant received special education service (s) at any time? If so, please list service(s) and attach IEP form. (Please note that Lincoln Consolidated Schools reserves the right to deny access to a student residing outside the Washtenaw Intermediate School District if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.) Yes No

7. It is understood that transportation may be provided if the student is dropped off and picked up at a designated Lincoln bus stop. Students must be pre-registered for this service. School of choice student transportation depends on seating availability. Yes No

8. It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions. Yes No

As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if Lincoln Consolidated Schools finds any information that is incorrect or falsified on this application, including affirmation of prior discipline records, this would immediately terminate enrollment of the student on this form. My/Our signature(s) holds harmless the Lincoln Consolidated Schools, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants Lincoln Consolidated Schools permission to contact our current district to obtain school records for my/our student, including discipline records.

NOTE: Lincoln Consolidated Schools will accept non-resident students without regard to intellect, academic, artistic, athletic, or other ability or talent, mental or physical disability, religion, race, color, national origin, sex, height, weight, or martial status. **Lincoln Consolidated Schools reserves the right to deny access to a student residing outside the Washtenaw Intermediate School District if mutual agreement can not be reached with the student's home district/ISD related to responsibility for added costs.**

Parent /Guardian Signature

Date

Parent /Guardian Signature

Date

The following items **must be submitted** in order to complete your application.

- School of Choice Application
- Affirmation of Prior Discipline Record (Grades 1-12 only)
- Request/Release for Student Discipline Records (Grades 1-12 only)
- IEP (if applicable)
- Report Card (Grades 1-8) or Transcripts (Grades 9-12)

Please return this application and requested documents to:

Mr. Sean R. McNatt, Superintendent
Lincoln Consolidated Schools
7425 Willis Road
Ypsilanti, MI 48197
Fax: (734) 484-7014

For questions or additional information please call the Superintendent's Office at (734) 484-7001.

(Office Use Only) Application Received: _____ Discipline Release Faxed: _____

Request is: Granted Denied By: _____ Date: _____

Date notification sent to/picked up by Parent(s)/Legal Guardian: _____

Date request for student records sent: _____ Name of School: _____



7425 Willis Road
Ypsilanti, MI 48197
Phone: (734) 484-7001 / Fax: (734) 484-7014

Affirmation of Prior Discipline Record (Grades 1-12 only)

Student Name: _____
Previous School District: _____
Building: _____
Address: _____

Directions:

Parent - Please check paragraph 1 or 2, provide all appropriate information, and sign/date.

A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from the Lincoln Consolidated Schools District.

Paragraph 1: The undersigned affirms that the student **has not been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Paragraph 2: The undersigned affirms that the student **has been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

If you checked paragraph 2, explain the incident in detail on a separate sheet of paper.

Parent /Guardian Signature

Date