



2019-2020 Schools of Choice Application

Grades K-12: Limited Spaces

Applications must be returned to Lakeview School District, 15 Arbor Street, Battle Creek, MI 49015 by 4:00 p.m. on Friday, April 26, 2019. **A separate application must be submitted for each student.**

Applicants must provide current (within the past 30 days) proof of residency. Acceptable documentation includes:

- Utility Bill (gas, water or electric) Mortgage Statement Lease/Rental Agreement

Application to Attend Grade (check one): K 1 2 3 4 5 6 7 8 9 10 11 12

If applying for grades K-4, please indicate your building preference below. **Please be aware that while we will attempt to place your child in your preferred building, there are times when this is not possible due to enrollment levels in a particular school/grade.** Each elementary school provides an excellent education. Please rank your building preferences in order below.

K-4 Building Preference (e.g. 1, 2 etc.): ___ No Preference ___ Minges Brook ___ Prairieview ___ Riverside ___ Westlake

Siblings also applying for Schools of Choice (include grade): _____

Specific reason for building request (if applicable): _____

Applicant/Student Information for the 2019-2020 School Year

Name of Student: _____ Date of Birth: _____ Male Female

Public School District of Residence: _____ Last District Attended: _____

Last School Building Attended: _____ Phone Number of Last Building Attended: _____

Grade in 2019-2020 (e.g. 9th, 10th, etc.): _____

Siblings: List any brothers/sisters/children living in the same household who already attend Lakeview School District.

1. Name _____ Grade in 2019-20: _____ 2019-20 School Building: _____

2. Name _____ Grade in 2019-20: _____ 2019-20 School Building: _____

3. Name _____ Grade in 2019-20: _____ 2019-20 School Building: _____

*Districts may deny enrollment to a student who has been expelled or suspended within the previous two school years. If the District receives your child's school records indicating a suspension or expulsion, and it is not identified on this application, **the District reserves the right to deny your child's acceptance through Schools of Choice.***

Has your child been suspended within the preceding two (2) school years? Yes No

Has your child ever been expelled from any school? Yes No

If yes, please explain each instance. _____

Parent/Guardian Information

Name: _____ Relationship to Child: _____

Address: _____
 Street City State Zip Code

Telephone Number: Home _____ Work _____ Cell _____

Email Address: _____

I have received and understand the instructions, requirements, limitations, and process for application and acceptance under Schools of Choice legislation. I hereby grant permission for all educational records, files, and data of the above-named student to be released to the Lakeview School District.

Parent/Guardian Signature: _____ **Date:** _____

Central Office Use Only:

Received By (initials):	Date	Time	Expected Year of Graduation	Approved/Denied	Superintendent or Designee's Signature
	____/____/2018	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	