



# 2020-2021 Schools of Choice Application

Grades 1-12: Limited | Kindergarten: Unlimited Spaces

**Completed applications and proof of residency must be returned by 4:00 p.m. on May 1, 2020, to:**

**Lakeview School District, 15 Arbor Street, Battle Creek, MI 49015.**

Proof of residency documentation must be current within the last 30 days and may include any one of the following:

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

**Applicant Information - A separate application must be submitted for each student.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Grade student will enter next school year (August 2020):  Y5  K  1  2  3  4  5  6  7  8  9  10  11  12

**If applying for grades K-4, please indicate your building preference in order (1-4).** The district attempts to honor requests but cannot guarantee placement at a particular school. \_\_\_ No Preference \_\_\_ Minges Brook \_\_\_ Prairieview \_\_\_ Riverside \_\_\_ Westlake

Reason for building request (if applicable): \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_ Last District Attended: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Phone Number of Last School Attended: \_\_\_\_\_

**Siblings - List any other school-aged siblings/children living in the same household:**

Sibling/Child Name	Grade Next Year (August 2020)	Last School/District Attended	Is this child also applying for Lakeview SOC?

**Discipline - Districts may deny Schools of Choice enrollment to a student who has been suspended within the last two year, has been expelled or is awaiting an expulsion hearing. Discipline records are verified with each applicant's previous school(s).**

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

**Has your child been expelled or is he/she awaiting an expulsion hearing from any school?**  Yes  No

*If you answered yes to either of these questions, please explain on the back of this page.*

**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (Street, City, Zip Code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ 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	Date	Approved/Denied	Superintendent or Designee's Signature
			/ / 2020	<input type="checkbox"/> Approved <input type="checkbox"/> Denied