

# Okemos Public Montessori at Kinawa 5-6 SCHOOLS OF CHOICE APPLICATION

**Applications will only be accepted between March 1st – March 16<sup>th</sup> 2018 at 4 p.m.**

STUDENT NAME \_\_\_\_\_ 2017-2018 GRADE \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ (P.O. boxes are not accepted)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address of Student (if different from above) \_\_\_\_\_

### Phone numbers

Home \_\_\_\_\_ Mother's Work or Cell \_\_\_\_\_ Father's Work or Cell \_\_\_\_\_

Email address: \_\_\_\_\_

School District currently residing in (attach proof of residency) \_\_\_\_\_

List all schools the student has attended during the last two years. A verification letter must be signed by an administrator of each school and returned with the application. This does not apply to students of Okemos Public Schools for the 2017-2018 school year or to applicants entering kindergarten.

\_\_\_\_\_  
\_\_\_\_\_

Did a child in your household attend Okemos Public Schools during 2017-2018? \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Has your child ever been expelled? \_\_\_\_ Yes \_\_\_\_ No If yes, list name of school attending and reason: \_\_\_\_\_

Has your child been suspended (includes in-school suspensions) within the last two years? \_\_\_\_ Yes \_\_\_\_ No If yes, list name of school and reason: \_\_\_\_\_

## **REQUIRED DOCUMENTATION**

Applications will not be accepted without the following documentation:

1. Proof of residency: Copy of a current utility bill, mortgage or tax statement (documentation needs to list your current address). Driver's license and voter registration card is not acceptable.
2. Verification letters from each school attended in the last two years. Verification must be signed by an administrator of that school. Okemos School District students do not need to send verification.

### **IMPORTANT**

If your student is accepted for Schools of Choice under Section 105(c) of the State School Aid Act of 1997 and is eligible for special education program and services, please note that enrollment cannot occur until Okemos reaches a written agreement with the district in which you reside. This agreement contains the responsibilities of each district concerning the payment of added costs for special education programs and services for the purpose of providing the student with a free and appropriate public education. If an agreement cannot be reached, enrollment cannot occur.

I verify that the information provided above is to the best of my knowledge true and accurate. I understand that if at any time a misrepresentation of these facts is discovered by Okemos Public Schools, my child will be released immediately and returned to his home school.

Date \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_

RETURN APPLICATION TO: Okemos Public Montessori ~ Kinawa 5-6  
Attn: Susan Williams  
1900 Kinawa Drive, Okemos, MI 48864

**DEADLINE: 4:00 p.m. on Friday, March 16<sup>th</sup>, 2018**

# OKEMOS PUBLIC SCHOOLS

## Schools of Choice Verification Letter and Authorization for release of information

Top portion completed by applicant

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I give permission for the release to Okemos Public Schools of all information regarding any suspensions (including in-school) within the past two years and all expulsions involving the student listed above.

\_\_\_\_\_  
Parent/Legal Guardian signature

\_\_\_\_\_  
Date

A completed form for each school your child has attended in the last two years must accompany the Schools of Choice application. Parents or legal guardians are to fill out the top portion of the form. An administrator from each school your child has attended must then complete the bottom portion. The completed form should be attached to the Schools of Choice application. Your application will not be accepted without a verification letter signed by the previous school's administrator.

\_\_\_\_\_  
School District and School

\_\_\_\_\_  
School Year Attended (i.e. 2017-18)

Dear School Administrator:

Please provide the following information regarding the student listed above.

(1.) Has this student ever been expelled from your school district? Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

(2.) Has this student been suspended (includes in-school suspension) during the last two years?

Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
School

\_\_\_\_\_  
School District

If you have any questions or need additional information, please contact Alena Zachery-Ross, Superintendent, at (517) 706-5002.