

**Okemos Public Montessori at Chippewa
SCHOOLS OF CHOICE APPLICATION**

Applications will only be accepted March 4th - March 22nd, 2019

STUDENT NAME _____ 2019-20 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

Guardian #1: _____ Guardian #2: _____

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 2018-2019 school year.

Did a child in your household attend Okemos Public Schools during 2018-2019? ____ 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 attending 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: Chippewa Middle School
Attn: Brenda Tracy
4000 N. Okemos Rd.
Okemos, MI 48864

DEADLINE: 3:00 p.m. on Friday, March 22, 2019

OKEMOS PUBLIC SCHOOLS

Schools of Choice Verification Letter and Authorization for release of information

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. 2016-17)

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
Rhianna Walworth, Administrative Assistant to the Superintendent, at (517) 706-5002