

**WESTERN SCHOOL DISTRICT  
SCHOOLS OF CHOICE  
APPLICATION FOR PARTICIPATION**

**Return completed form** to the superintendent's office of the district where the applicant desires to attend.  
**Notification of placement** will be confirmed by the school district to the parent/guardian.

**APPLICANT INFORMATION:**

Application Date: \_\_\_\_\_ Student Name: \_\_\_\_\_  
Student Grade (entering): \_\_\_\_\_ Student Birthdate: \_\_\_\_\_  
District of Residence: \_\_\_\_\_ Last School Attended: \_\_\_\_\_  
District Requested to Attend: \_\_\_\_\_ Building Requested to Attend: \_\_\_\_\_  
Please Check: Male \_\_\_\_\_ Female \_\_\_\_\_  
Please Check (optional): Caucasian \_\_\_\_\_ African American \_\_\_\_\_  
Hispanic \_\_\_\_\_ Native American \_\_\_\_\_  
Asian \_\_\_\_\_ Middle Eastern \_\_\_\_\_

**PARENT INFORMATION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Were there other siblings or household members in attendance in the Western School District under Schools of Choice **during the previous school year?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list by name: \_\_\_\_\_

**This section must be completed by an official of the last school attended in order to be considered for Schools of Choice.**

Has the applicant ever been expelled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason(s)? \_\_\_\_\_

Has the applicant been suspended from school within the last two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason(s)? \_\_\_\_\_

Does the applicant require Special Education services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify the program required. \_\_\_\_\_

**Signature/Title of Current School Official** providing this information: \_\_\_\_\_

Records, including discipline and attendance, may be requested from your previous school. Do you give permission for the applicant's records/information to be released? Yes \_\_\_\_\_ No \_\_\_\_\_

- Transportation is the responsibility of the applicant/parent/guardian.
- Michigan High School Athletic Association regulations apply to *all* transfers involving high school age students.

Parent Signature: \_\_\_\_\_

**For Office Use Only:**  Approved  Not Approved

\_\_\_\_\_  
Authorized School Signature

\_\_\_\_\_  
Date

**Applicants for admission as non-resident students and their parents/guardians are hereby notified that the Western School District does not discriminate on the basis of race, color, national origin, sex, religion, or disability in admission or access to programs, activities, or policies. Any person with questions concerning the district's compliance with the regulations implementing Title VI, Title IX, or Section 504 of the Rehabilitation Act, is directed to contact the Administration Offices where they will refer you to the individual designated by the school district to coordinate efforts to comply with the regulations implementing the above status.**