

ARENAC EASTERN SCHOOL DISTRICT
SCHOOLS OF CHOICE APPLICATION FORM
2010-2011 School Year

200 Smalley Street, PO Box 98, Twining, MI 48766-0098 • Phone: 989.867.4234 • Fax: 989.867.4241

Grade Applying For: _____

Student Name: _____ DOB: _____

Student Address of Residence: _____

City/State/Zip Code: _____

School District/Name of School Last Attended: _____

Parent/Guardian: _____

Address of Residence: _____

City/State/Zip Code: _____

School District of Residence: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Has your child been suspended or expelled for any reason during the last two years? _____ Yes _____ No

If yes, please explain: _____

Does your child currently receive special considerations from your current school district or any that the Arenac Eastern School District should be aware of? _____ Yes _____ No

If yes, please describe and attach a copy of his/her current IEPC: _____

****Failure to attach an IEPC will result in the application being determined as incomplete****

How many days has your child been absent from school during the last year? (Please Estimate): _____

If you have any other children enrolled in our school district, please list their name, school and grade:

By signing below, I acknowledge and accept the policies and regulations regarding the Arenac Eastern School District Schools of Choice program. I understand that if I provide any false information, my application will be voided and removed from consideration or if placement has already been made, my child may be removed from that placement. All incomplete applications will be removed from consideration.

****Please attach a copy of the student's most recent report card or transcript.**

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 16): _____ Date: _____

Superintendent Signature Indicating Approval: _____ Date: _____