

Waverly Community Schools
2006-07 Schools of Choice Application - 1st Semester
Must be received by 4:00 p.m., June 23, 2006

Return to: Waverly Community Schools, 515 Snow Road, Lansing, MI 48917 ■ Phone: (517) 319-3021

**Students are eligible for Schools of Choice if their parent/guardian resides in any of the following counties:
 Clinton, Eaton, Ingham, Jackson, Livingston, Shiawassee, and Washtenaw.**

Student's Name _____ Date of Birth _____ Grade Entering _____

Ethnic Group: Asian Black Hispanic Indian White Gender: Male Female

Is student a sibling of a student currently attending Waverly? No Yes, Building _____ Grade _____

Parent/Guardian(s) _____

Street Address _____ City _____ Zip _____

Home Phone _____ Mother's Work Phone _____ Father's Work Phone _____

Applications must include proof of residency. Please attach a copy of any two of the following for proof of residency (phone bill, utility bill, lease agreement mortgage receipt, etc.)

It is your responsibility to provide this information by the application deadline. If this is not included, your application CANNOT be accepted and will not be considered complete.

Please check the county in which you reside and provide name of school district and building:

Clinton Eaton Ingham Jackson Livingston Shiawassee Washtenaw

School District _____ Building _____ Phone _____

Check (building and grade) where you would like 1st consideration. If no building preference, please check No Preference. This does not guarantee the placement, but consideration will be given to your preference.

	Colt	Elmwood	Windemere View	Winans	East Intermediate	No Preference
K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1st	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 rd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 th	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5th					<input type="radio"/>	
6th					<input type="radio"/>	

Reason for preference: (i.e. daycare, siblings in buildings, etc.) _____

Why are you choosing to enroll under School of Choice? _____

Has your child ever been expelled? No Yes If yes, please state school and reason: _____

Has your child been suspended from a school within the last two years? No Yes If yes, please state school and reason: _____

PLEASE NOTE: If your application for enrollment is accepted, and the student is eligible for special education programs and services, under the requirements of Section 105c (18) of the State School Aid Act of 1997, actual enrollment cannot occur until this district reaches a written agreement with the district in which you reside. This agreement is for the purpose of providing a free appropriate public education to the student and must include an agreement between both districts related to responsibility for the payment of the added costs of special education programs and services for the student. If an agreement cannot be reached, enrollment is not allowed.

Parent/Guardian Signature _____ Date _____

Official Use Only (to be completed by the school district)

Student admitted for Schools of Choice: No Yes Building _____
 Parent accepted SOC Parent declined SOC