

**GOBLES PUBLIC SCHOOLS
APPLICATION FOR PARTICIPATION
IN SCHOOL OF CHOICE PROGRAM**

All applications are to be submitted to the office of the Superintendent.

Date this application was submitted _____

Name of Applicant Child/Student

Date of Birth of Applicant Child/Student

Grade of Applicant Child/Student
During the 2016-2017 School Year

Name of School District Residence of
Applicant Child/Student

Name of Applicant Child/Student Parent(s)

Address of Applicant Child/Student Parents(s)
City, State, Zip

Telephone Number of Child/Parent

Signature of Applicant Child/Student Parent(s)

Has the applicant child/student been suspended or expelled from any other school district within the last two years? _____

If your answer to the previous question was yes, please explain, in detail, the number of different suspensions (if more than one) and the reasons for the suspensions. (Use the back of this paper if necessary.)

The applicant child/student and parent(s)/guardian(s) of the applicant clearly understand and agree, as signified by their signature below, to accept all state and local guidelines involving the school of choice program such as the loss for one semester of athletic participation, the requirement of following all rules & regulations of the Gobles School District, the requirement of providing your own transportation to and from school, and any other guidelines which may be adopted by the State of Michigan and by the Gobles Board of Education.

Signature of Applicant Child/Student

Signature of Applicant Child/Student's
Parent/Guardian

<p><u>HOME DISTRICT</u></p> <p>Has been ___ released ___ NOT released for the 2016-2017 school year.</p> <p>_____ Superintendent's Signature</p>	<p><u>RECEIVING DISTRICT</u></p> <p>Has been ___ accepted ___ NOT accepted for the 2016-2017 school year.</p> <p>_____ Superintendent's Signature</p>
---	--