



General Information: Kindergarten through twelfth grade students residing in a local district may apply to attend any other local public school district. Use one application for each student.

Section 1: To be Completed by the Student's Parent or Guardian

STUDENT NAME:				
Birth Date:	Gender: 🕅 M	ale 🗌 Female	Grade:	
Resident District of Student:		District/Building	gCurrently Attending:	
District/Building Name of Requested First Choice:	l Enrollment (Choice):	Alternate	e Choice:	
Special Services Required by Studen	t:			
Reason for Transfer Request (option	nal):			
Parent/GuardianName:		T (	elephone Numbers: )	
Address:		City:	Z	ip Code:
Is the student on or ever been on su If Yes, Explain:	spension or ever been ex	xpelled from school? (Cir	cle One) Yes	No
By signing below I acknowledge and Program. I certify that the inform information may jeopardize the ap	ation on this application	n form is accurate to the b		
Program. I certify that the inform information may jeopardize the ap	ation on this application	n form is accurate to the b		
Program. I certify that the inform information may jeopardize the ap	ation on this application plicant's admission eligi re Parent/Guardian	n form is accurate to the bo ibility.	est of my knowledge. I ack	snowledge that inaccurate
Program. I certify that the inform information may jeopardize the ap Signatu Section 2	ation on this application plicant's admission eligi re Parent/Guardian	n form is accurate to the bo ibility.	est of my knowledge. I ack Date Superintendent/D	snowledge that inaccurate
Program. I certify that the inform information may jeopardize the ap	ation on this application oplicant's admission eligi are Parent/Guardian : To be Complete District Name:: Title:	n form is accurate to the be ibility. ed by Choice Distric	est of my knowledge. I ack Date Superintendent/D	snowledge that inaccurate  esignee
Program. I certify that the inform information may jeopardize the ap Signatu Section 2 Date of Receipt of Application Contact Person (District Open Enrollment Program)	ation on this application oplicant's admission eliginare Parent/Guardian To be Complete District Name:: Title: Execution for enrollment, ar Program, and to the	a form is accurate to the be ibility. Ed by Choice Distric Tri County Area S attive Assistant and with consideration gi criteria of the district w	Date Date Date Date Date Date Date Date	cnowledge that inaccurate  Pesignee  r.  i-5454 rules applicable to the MAISE
Program. I certify that the inform information may jeopardize the ap Signatu Section 2 Date of Receipt of Application Contact Person (District Open Enrollment Program) Sherilyn Wheeler Following review of this applica Collaborative Schools of Choice under this program, this application	tion for enrollment, and to the on is hereby (check one isapproved (Must Check one isapproved	a form is accurate to the be ibility. Ed by Choice Distric Tri County Area S attive Assistant and with consideration gi criteria of the district w	Date Date Date Date Date Date Date Date	cnowledge that inaccurate  Pesignee  r.  i-5454 rules applicable to the MAISE

The Board of Education of the Montcalm Area Intermediate School District and Tri County Area Schools complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education. It is also the policy of the Montcalm Area Intermediate School District Board of Education and Tri County Area Schools' Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefit of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.