

SOUTH LYON COMMUNITY SCHOOLS
Nonresident Schools of Choice Application Grade 9 (EHS)
2017-2018 School Year

Student Name _____
Last First Middle

Birth Date _____ Entering Grade (2017-2018 school year) **9th** _____

Parent/Guardian _____
Name Address City Zip Code

Telephone _____
Home Cell Work

Parent E-mail address _____

Does the student have a parent who resides in the South Lyon Community School District? Yes _____ No _____

Student's current school and district _____
 Address of school district _____
 Telephone _____
 Public school district of residence if different from above _____

The following section must be completed.

Has the student been suspended from school within the last two (2) years? _____ Yes _____ No

Has the student ever been expelled from school or convicted of a felony? _____ Yes _____ No

If yes, give details below.

Date _____ Reason _____

For Out of County Applicants Only – Does your child receive Special Education Services? Yes _____ No _____

Type of Special Education program _____

(Attach another page if more space is needed for explanation)

By signing below, I certify that all of the information provided above to be true and I acknowledge and accept the policies and stipulations of South Lyon Community Schools' Schools of Choice program. I understand untrue or incomplete information will disqualify and remove the applicant from South Lyon Community Schools' program. I give permission to South Lyon Community Schools to contact my student's previous school regarding their school record.

Parent/Guardian Signature _____ Date _____

Central Office

Building Placement: _____

School District Administration: Approved _____ Denied _____ 105 _____ 105c _____

No Later than 9/8/17

Return to: South Lyon Community Schools
 Pupil Services Office – Attn: Mariann Martin Email: martinm@slcs.us
 345 South Warren Phone 248-573-8134
 South Lyon, MI 48178 or Fax # (248) 437-8120