

**South Lyon Community Schools  
2017-2018 IN-DISTRICT SCHOOL OF CHOICE**

**SIBLING OF STUDENT IN SELF-CONTAINED SPECIAL ED PROGRAM  
FOR GRADES 6-12 at CMS and/or SLHS**

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**Please complete one application for each child.**

**Applications must be returned by Friday May 26, 2017.**

Per Board of Education Policy 5113.01: "Siblings in a family with a child in a self-contained special education program at CMS and/or SLHS may also attend CMS and/or SLHS even if it is not their boundary school".

Please return Middle School applications (for grades 6-8) to any Middle School office.  
High School applications (for grades 9-12) should be returned to either High School office.  
Applications may also be mailed or faxed to the Pupil Services Department, South Lyon City and School Administration Building, 345 South Warren, South Lyon 48178 (pupil services fax: 248-437-8120).

Participation in Schools of Choice is tentative through the first full day of the new school year.

**Transportation will be the responsibility of the parent/guardian.**

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**PLEASE PRINT**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Grade in **Fall 2017**

\_\_\_\_\_  
**STUDENT'S BOUNDARY SCHOOL**  
*(Boundaries determined by Transportation Dept.)*

SCHOOL OF CHOICE:      CMS                      SLHS

*(Circle the school you would like your student to attend)*

\_\_\_\_\_  
Name of Parent or Guardian #1

\_\_\_\_\_  
Name of Parent or Guardian #2

\_\_\_\_\_  
Student's Street Address

\_\_\_\_\_  
City, Zip Code

\_\_\_\_\_  
Phone (with area code)

\_\_\_\_\_  
Alternate Phone (with area code)

\_\_\_\_\_  
Parent E-mail Address

\_\_\_\_\_  
Parent E-mail Address

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Today's Date

**PUPIL SERVICES USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_