

**SOUTH LYON COMMUNITY SCHOOLS**  
**Nonresident Schools of Choice Application Grade 9 (SLEHS)**  
**2018-2019 School Year - 2<sup>nd</sup> Semester only**

Student Name \_\_\_\_\_  
Last First Middle

Birth Date \_\_\_\_\_ Entering Grade (2018-2019 school year) 9<sup>th</sup>

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 \_\_\_\_\_

Return to: South Lyon Community Schools  
Pupil Services Office – Attn: Jean Hanka  
345 South Warren  
South Lyon, MI 48178

Phone: 248-573-8134 ext. 2028  
Email: hankaj@slcs.us  
Fax: 248-437-8120

**Applications accepted January 14, 2019 through January 25, 2019 for 2<sup>nd</sup> semester of the 2018-19 school year**