

SOUTH LYON COMMUNITY SCHOOLS
Nonresident Schools of Choice Application Grade 9 (SLEHS)
2018-2019 School Year

Student Name _____

Last

First

Middle

Birth Date _____ Entering Grade (2018-2019 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 _____

* Return form
no later than

Return to: South Lyon Community Schools

Pupil Services Office – Attn: Dianne Beagle

Phone: 248-573-8134

09/07/18

345 South Warren
South Lyon, MI 48178

Email: beagled2@slcs.us
Fax: 248-437-8120

2018-2019 SOC app 1/17/18