

**SOUTH LYON COMMUNITY SCHOOLS**  
**Nonresident Schools of Choice Application**  
**K ONLY – Brummer**

**NOTE: priority granted to siblings of current SOC students**  
**2018-2019 School Year**

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Entering Grade (2018-2019 school year) **Kindergarten**

Parent/Guardian \_\_\_\_\_

Telephone \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_ *Return to: South Lyon Community Schools*

no later than  
**09/07/18**

*Pupil Services Office – Attn: Dianne Beagle*  
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South Lyon, MI 48178

*Phone: 248-573-8134*  
*Email: beagled2@slcs.us*  
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*2018-2019 SOC app 1/17/18 dkb*