

**SOUTH LYON COMMUNITY SCHOOLS  
Non-Resident Schools of Choice Application  
2018-2019 School Year**

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

Birth Date \_\_\_\_\_ Entering Grade (2018-2019 school year) \_\_\_\_\_

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)*

**Note:** Not all buildings will have space in all grades for Schools of Choice students, therefore, please indicate your preferences.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ No Preference \_\_\_\_\_

*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 his/her school records.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Central Office Use Only:** 105 \_\_\_\_\_ 105c \_\_\_\_\_ Resident District \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Building Placement: \_\_\_\_\_

Parent notified of decision on: \_\_\_\_\_ By \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ U.S. Mail \_\_\_\_\_

**Applications will be accepted from: April 17 – August 31 2018**

Return completed, signed form to: South Lyon Community Schools – Pupil Services Office  
 Attn: Jean Hanka Fax: 248- 437-8120  
 345 South Warren Street Email: hankaj@slcs.us  
 South Lyon, MI 48178 Office: 248-573-8134