

**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.

1st Choice _____ 2nd 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: Dianne Beagle Fax: 248- 437-8120
 345 South Warren Street Email: beagled@slcs.us
 South Lyon, MI 48178 Office: 248-573-8134