



Student Name _____ Birth Date _____ Grade (Fall 2019) _____
 Parent/Guardian _____ Parent E-mail address _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Address _____ City _____ Zip Code _____

Student's current school and district _____
 School Address _____
 Phone Number _____ Public school district of residence (if different from above) _____

Questionnaire:

1. Has the student been suspended from school within the last two (2) years? Yes _____ No _____
2. Has the student ever been expelled from school or convicted of a felony? Yes _____ No _____
 Date _____ Reason _____
3. Does your child receive Special Education Services? Yes _____ No _____
 Type of Special Education program _____
(Attach another page if more space is needed for explanation)
4. Does the student have a parent who resides in the South Lyon Community School District? Yes _____ No _____
5. Does the student have a sibling who currently attends South Lyon Community School District? Yes _____ No _____
 If yes, please list siblings _____

School of Choice:

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 _____

Applications will be accepted from:
April 15-August 30, 2019
 Return completed, signed form to:
 South Lyon Community Schools—Pupil Services Office
 Attn: Jean Hanka Email: hankaj@slcs.us
 Fax: 248- 437-8120 Office: 248-573-8134 ext. 2028
 345 S. Warren St. South Lyon, MI 48178

Central Office Use Only: 105 _____ 105c _____
 Resident District _____
 Approved _____ Denied _____
 Building Placement: _____
 Parent notified of decision on: _____
 By _____
 Phone _____ Email _____ U.S. Mail _____