

**SOUTH LYON COMMUNITY SCHOOLS**  
**Nonresident Schools of Choice Application Grade 9**  
**2017-2018 School Year – 2<sup>nd</sup> Semester only**

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

Birth Date \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
**Entering Grade (2017-2018 school year)** **9<sup>th</sup>**

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 **South Lyon East HS** 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 their school record.**

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

**Central Office**

Building Placement: \_\_\_\_\_  
**School District Administration:** Approved \_\_\_\_\_ Denied \_\_\_\_\_ 105 \_\_\_\_\_ 105c \_\_\_\_\_

*Return to:* South Lyon Community Schools  
 Pupil Services Office – Phone 248-573-8134 – Email beagled@slcs.us  
 345 South Warren  
 South Lyon, MI 48178 or Fax # (248) 437-8120

**Applications being taken January 17, 2018 through January 26, 2018 for 2<sup>nd</sup> Semester only 2017-2018 school year**