

# SOUTH LYON COMMUNITY SCHOOLS



Non-Resident Schools of Choice Application 2020-21

**Grade 9 / 2nd Semester / South Lyon East High School Only**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (2nd semester 2020) **9**

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 \_\_\_\_\_

*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:

**January 11—22, 2021**

Return completed, signed form to:

South Lyon Community Schools—Pupil Services Office

Attn: Jean Hanka Email: [hankaj@slcs.us](mailto: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 \_\_\_\_\_