

Eau Claire Public Schools

6190 West Main Street, P.O. Box 398

Eau Claire, MI 49111

Superintendent of Schools Phone: (269) 461-6947

APPLICATION FOR "SCHOOLS OF CHOICE"

CHILD'S NAME _____

DATE OF BIRTH _____ CHILD'S CURRENT GRADE _____

ADDRESS _____
House Number Street City Zip

PARENT/GUARDIAN _____

PHONE NUMBER HOME _____ WORK NUMBER _____

CHILD'S CURRENT DISTRICT _____ SCHOOL _____

SPECIAL EDUCATION PROGRAMS NEEDED (_____)

Does your child participate in band? YES () NO ()

Has your child ever been expelled from school? YES () NO ()

Has your child been suspended from school in the last two years? YES () NO ()

Do you have any other children presently enrolled in the Eau Claire Public Schools? If so:

Name of child _____ Name of child _____
Name of child _____ Name of child _____

If more applicants apply to enroll under the "Schools of Choice" program than there are spaces available then a random selection will occur as prescribed by state law.

At present School Boards are not required to provide transportation for "school of choice" students. However, if your child is enrolled in Eau Claire as a "choice" student, at your request, you will be provided a copy of our in district bus stops which are available for your use if you can get your child to that regular bus stop.

If any of the information provided on this form is inaccurate, acceptance of this application is voidable at the option of the Eau Claire Public Schools.

As parent/guardian you MUST complete and sign below for your child to be eligible.

I give permission to _____ to release all school records to the
(student's present school district)
Eau Claire Public Schools for _____.
(student's name)

Parent/Guardian Signature

Date

Please note: this form is an application only and does not guarantee student will be enrolled.