



Parchment School District

2019-2020 Application for Section 105 Schools of Choice

Applicants must reside within the Kalamazoo Regional Educational Service Agency (KRESA) boundaries. Applications must be received by August 26 for the start of the school year or by November 18 to attend the second trimester.

Office Use Only
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
Reason _____
Initials _____
Date _____

INSTRUCTIONS – One application for each student, to be completed by the child’s parent or legal guardian. **The completed application must be returned to Parchment School District, Office of the Superintendent, located at 520 N. Orient Street, Parchment, Michigan 49004.** Questions regarding this form may be directed to Paula Smeed at 269-488-1052 or psmeed@parchment.k12.mi.us.

SECTION I (Please Print)			
Student's Name (Last, First, Middle)	Date of Birth	<input type="radio"/> Female <input type="radio"/> Male	Grade in Fall 2019
Student's Address	City		Zip code
Student's Resident School District	Specific Name of Current/Most Recent School Attended and phone number		
Parent/Guardian Name (Last, First, Middle Initial)	Telephone Number		
Parent/Guardian Address	City	Zip Code	

SECTION II (Please Print)	
1. Reason for transfer?	
2. Special Education services required? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain:
3. Has the student ever been expelled from school for any reason? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain:
4. Has this student been suspended from school for any reason during the past two years? <input type="radio"/> Yes <input type="radio"/> No	If yes, please explain:
5. Are all immunizations current? <input type="radio"/> Yes <input type="radio"/> No	If no, please explain:

SECTION III (Please read carefully before signing)	
<p>By signing below I agree to hold harmless each participating school district, their employees and their Board of Education members for any decision in the selection process, potential or actual participation as a Section 105 Schools of Choice student relative to academic achievement, co-curricular participation, student discipline related to behavior and all other aspects of participation as a member of a student body.</p> <p>It is further understood that transportation for non-resident students will be provided by the parent/legal guardian. I also consent to have all student record information (including academic and behavioral records) released to Parchment School District from the school district previously attended.</p> <p>I further understand that incomplete, false or misleading information will render this application null and void and may result in removal of the student from the Schools of Choice Program and Parchment School District.</p>	
_____	_____
Signature of Parent / Legal Guardian	Date