



**SCHOOL OF CHOICE**  
**Student Enrollment application**

SCHOOL YEAR FOR WHICH YOU ARE APPLYING \_\_\_\_\_

**INSTRUCTIONS:** Completed applications must be received by the end of the first week of school for the first semester and during the last two weeks of the first semester for second semester admission.

**Section 1: STUDENT INFORMATION (To be completed by the student's parent or guardian)**

Student Name (Last, First, M.I.): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Resident District of Student: \_\_\_\_\_ Resident ISD: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

Date Student will Begin Attending CCPS: \_\_\_\_\_

Reason for Transfer Request: \_\_\_\_\_

\_\_\_\_\_

Have you been suspended or expelled from school in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If answered Yes, please explain: \_\_\_\_\_

**Section 2: PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name (Last, First, M.I.): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number-Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: RECEIVING INFORMATION (Completed by Cass City Public Schools) Date of Receipt \_\_\_\_\_**

Allison Zimba, Superintendent of Schools    Cass City Public Schools    Phone: (989) 872-2200 Fax: (989) 872-5015

Upon review of the application and with consideration to the policies and procedures of the Schools of Choice for enrollment under this program, this application is **Approved:** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date