

SCHOOLS OF CHOICE APPLICATION FOR CLINTONDALE COMMUNITY SCHOOLS

2019-2020 School Year

Welcome and thank you for your interest in our school district. During the application process we will need some important information in order to expedite and process your school application.

The following items are required to be submitted at the time of your application.

- Schools of Choice Application
- Enrollment Form
- Copy of Birth Certificate
- Copy of Shot Record
- Child's most current report card. **High school students must send current transcript**
- Affirmation of prior discipline letter signed by parent (We will send it to the school for a signature).
- Permission for Release of Information (student records) signed by Parent/Guardian (this will only be sent if your child is accepted as a School of Choice student)
- **If your child is presently receiving any special services their most current IEP of special needs/accommodations is required to be submitted**
- Understanding Concussion

Please submit all of the above items, applications or questions to:

Ms. Linda Klein
35200 Little Mack
Clinton Township, Michigan 48035.
586-791-6300 ext. 3001
Fax: 586-790-7643
Email to: klein@clintondaleschools.net

PARENT/GUARDIAN IS RESPONSIBLE FOR TRANSPORTATION

I certify that the included information is accurate and complete to the best of my knowledge. Further, I understand that if any of the information is found to be incomplete or inaccurate, it could result in the loss of my child's eligibility for acceptance and removal from the Clintondale Community Schools of Choice Program.

Parent/Guardian Signature

Date

NOTICE OF NONDISCRIMINATION. It is the policy of Clintondale Community Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Business Manager, Clintondale Community Schools Administration, 35100 Little Mack, Clinton Township, MI 48035 Phone: (586) 791 -6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (same address) Phone: (586) 791-6303

Clintondale Community Schools
Schools of Choice Application (Section 105c)

2019-2020

Student's Name: _____
(Please print) (Last) (First)

Birth Date: _____ (dd/mm/yy) Age: _____ Gender: _____

Grade student will be entering in the fall or winter semester:

K 1 2 3 4 5 6 7 8 9 10 11 12

Address: _____ City: _____

State: _____ Zip: _____

Home phone: _____ Work phone: _____

E-Mail Address: _____

In what school district do you currently reside? _____

School district presently attending: _____

Current school address: _____

Current school phone: _____

If any other children residing in your household are also applying in the district, please list full name and grade and remember to fill out a **separate application for each student**.

Are you a new family to the district: Yes No

List siblings of student previously admitted under K-12.

Elementary School Aged Students

If you have an elementary age student (K-5) please indicate which of the three schools you would prefer for your student.

Rainbow Elementary, McGlennen Elementary or Parker Elementary

Elementary of your choice:

1st choice building: _____ 2nd _____ 3rd _____

Child's Name and Present Grade:

First Name: _____ Last Name: _____ Present Grade: _____