



**Central Lake Public School District**  
 Schools of Choice  
 Application for Participation (105,105c)

Received Date: _____ Approved: <input type="checkbox"/> yes <input type="checkbox"/> no Initials: _____ Date: _____ <i>To be completed by the receiving school district superintendent or designee</i>
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1. To apply and be eligible for the lottery, fully completed applications are due back to the superintendent of Central Lake Public School District before July 1 (1<sup>st</sup> 2<sup>nd</sup> semester).
2. Notification of eligibility for enrollment will be made to parent/guardian by July 15 (January 1).
3. Applications for enrollment will be accepted on a space available, first-come, first serve basis after the lottery dates have passed, however enrollment of students by parent/guardian must be completed before September 15 (first Wednesday in February).
4. Applications or enrollment will not be accepted after this date, until the next open enrollment period the following semester.

**APPLICANT INFORMATION** *(one application form per student to be completed by parent/guardian):*

Student:

Applicant Student Name _____	Student Grade (entering) _____
Student Birthdate _____	Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
District Residence _____	Last School Attended _____
 Sibling #1 Name _____	 Student Grade (entering) _____
Student Birthdate _____	Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
District Residence _____	Last School Attended _____
 Sibling #2 Name _____	 Student Grade (entering) _____
Student Birthdate _____	Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
District Residence _____	Last School Attended _____
 Sibling #3 Name _____	 Student Grade (entering) _____
Student Birthdate _____	Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
District Residence _____	Last School Attended _____

Parent/Guardian:

Parent/Guardian Name: \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Are any siblings currently enrolled/attending the Central Lake Public School District?  yes  no  
 If yes, please list name and grade: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Has the student even been suspended, expelled, or otherwise excluded for disciplinary reasons?  yes  no  
 If yes, please provide an explanation: \_\_\_\_\_

*Please complete both sides*

Has the student ever been tested for specialized services? \_\_\_\_\_yes \_\_\_\_\_no

Or, does the student receive specialized assistance in school? \_\_\_\_\_yes \_\_\_\_\_no

If "Yes", please provide an explanation: \_\_\_\_\_

Please read and acknowledge the following by checking the boxes and signing below:

- I have been provided a copy of the open enrollment agreement and understand and will abide by all of its provisions.
- I understand that I am committing to enroll the above named student for a period of not less than one academic year.
- I understand, and agree that per the terms of the agreement, the student's residence should district is not obligated to re-enroll them until the beginning of the next academic year.
- I understand that determinations of admission, denial, academic credit, assignment, or placement are to be made by the Central Lake Public School District, and I agree to abide by them.
- I understand transportation will be the responsibility of the parent/guardian.
- I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
- I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
- I agree to hold the Central Lake Public School District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from the students' school. Do you give permission for all the student's records to be released? \_\_\_\_\_yes \_\_\_\_\_no

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

**RESIDENT SCHOOL DISTRICT INFORMATION (to be completed by resident school administration)**

*This application must be delivered to the resident school district superintendent to be completed and will be returned by the resident district to the enrolling district.*

Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons? \_\_\_\_\_yes \_\_\_\_\_no

If "Yes", please provide an explanation: \_\_\_\_\_

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? \_\_\_\_\_yes \_\_\_\_\_no

If "Yes", please provide an explanation: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Resident School: \_\_\_\_\_

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the Central Lake Public School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities or policies.