

Buchanan Community Schools

401 W. Chicago St., Buchanan, MI 49107 Phone: 269.695.8401

2021-22 APPLICATION FOR SCHOOLS OF CHOICE

The following application must be filled out completely and returned to the Buchanan Community Schools Superintendent's Office. Applications will only be accepted May 14th through June 11th, 2021 at 4:00 p.m. You may contact the Superintendent's office after June 28th to find out the status of the application.

(Please print all information. Complete ONE application for each student. Incomplete or fraudulent applications may be rejected.)

CHILD'S NAME:	_ GENDER [OATE OF BIRTH	
PRESENT ADDRESS:		ZIP	
PHONE NUMBER: (Home)(Wo	rk)	(Cell)	
PARENT/GUARDIAN NAME(S):			
UDENT RESIDES WITH: RELATIONSHIP:			
CHILD'S RESIDENT DISTRICT:PRE	SENT SCHOOL:		
GRADE LEVEL FOR 2021-22: Are there	siblings also applyi	ng? □Yes	□No
Does your child currently receive Special Education of	r 504 Plan?	□Yes	□No
Has your child been suspended from school in the	last two years?	□Yes	□No
If you checked any of the above, please give details. If Special Education or 504 Plan, applicants <u>must</u> attach a copy of the student's IEP or 504 plan if not current student.			
Has your child ever been expelled from school? □]Yes □No	If yes, when	
Do you have any other children enrolled in the Buchanan Schools? ☐ Yes ☐ No			
Names			
Is there anything you would like for us to know about your child?			
I give permission to the	School District to	release all school	records
to Buchanan Community Schools for	(Name of Student)		
	*******	<i>(Date)</i> *******	*****
Application: Approved Denied Reason for Denial: Superintendent of Schools:			