

Buchanan Community Schools

401 W. Chicago Street, Buchanan, MI 49107 | Phone: 269-695-8401

2024-25 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 April 19, 2024 through May 17, 2024 at 4:00 p.m. You may contact the Superintendent's Office after June 10 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	_DATE OF BIRTH	
PHYSICAL ADDRESS:ZII			ZIP
MAILING ADDRESS:	ZIP		
PHONE NUMBER: (Home)	(Work)	(Cell)	
PARENT/GUARDIAN NAME(S):			
STUDENT RESIDES WITH:	RELATIONSHIP:		
CHILD'S RESIDENT DISTRICT:	PRESENT SCHOOL:		
GRADE LEVEL FOR 2024-25:	Are there siblings also app	lying? □Yes	□No
Does your child currently receive Special Ed	ucation or 504 Plan?	□Yes	□No
Has your child been suspended from scho	ol in the last two years?	□Yes	□No
If you checked any of the above, please give decopy of the student's IEP or 504 plan.	·		
Has your child ever been expelled from sci		f yes, when	
Do you have any other children enrolled in	Buchanan Schools?	□Yes □ No	•
Names			
Is there anything you would like for us to k	now about your child?		
I give permission to the	School District to	release all school	records
	(Name of Stud	ent)	=
(Parent Signature) ************************************	(Date)	******	****
Application: Approved Denied Reason for Superintendent of Schools:	Denial:		