BYRON AREA SCHOOLS
APPLICATION FOR ENROLLMENT AS NONRESIDENT
SCHOOLS OF CHOICE (105 & 105C) STUDENT

1st Sem. 09-10 ____
2nd Sem. 09-10 ____

Moved Out of District ____

INFORMATION: *The Application Window for the first semester of the 2009-2010 school year is August 17 - September 11, 2009. Although parents may apply at any time, by law, the district may only officially accept new students during the School of Choice Application Window.*

DIRECTIONS: Please complete information requested below and submit application to the Building Principal of the building where you desire to have your child/student attend. The Principal will check with your child's previous school, recommend for acceptance or non-acceptance and send the form to Superintendent Office of Byron Area Schools. Superintendent's Office will send a copy of acceptance or denial to the parents/guardian.

STUDENT NAME: GRADE LEVEL REQUSTED BIRTHDATE:

_____ _____ _____

School District Where Student Currently Resides:

_____Corunna _____ Morrice _____ Howell
_____ Durand _____ New Lothrop _____ Linden
_____ Laingsburg _____ Owosso _____ Swartz Creek
_____ Perry Other: _____

Reason(s) why parent(s) or guardian(s) desires child/student to attend non-resident school district:

Within the last 2 years, has your son/daughter received a school suspension? Yes ___ No ___

Has your son/daughter ever been expelled from a school? Yes ___ No ___

Does your son/daughter currently receive Special Education services? Yes ___ No ___

CONDITIONS OF APPLICATION FOR ADMISSION TO THE BYRON AREA SCHOOLS

I, the undersigned parent or guardian, do hereby request that my child be considered for admission to the Byron Area Schools, Byron, MI.:

- I agree to the Byron Area Schools checking with my child's previous school or schools to determine academic and social qualifications and performance prior to admission.
- I understand that, by the parent signature below, I affirm the fact that my child has never been suspended or expelled from school for any violent or illegal activity, harassment or possession of illegal firearms or weapons.
- I understand that admission to nonresident students is limited to a certain number of vacancies.
- I understand that transportation for the student(s) is the responsibility of the parent/guardian. (Students may be picked up at the nearest Byron Area Schools pick up point. Buses will not cross over district lines to pick up Schools of Choice students.)

_____ _____
Building Principal's Signature Date

_____ _____
Signature of parent or guardian Date

_____
Printed Name of parent or guardian

ACTION TAKEN:

_____
Street address of parent or guardian

Application: Accepted _____ Denied _____

_____
City, State and Zip Code of parent or guardian

_____ _____
Superintendent of Schools – Byron Area Schools

_____
Telephone number of parent or guardian

NOTE: NO MORE THAN ONE APPLICATION PER SCHOOL YEAR, PER CHILD, WILL BE CONSIDERED.