

BRIDGMAN PUBLIC SCHOOLS
9964 Gast Road
Bridgman, MI 49106

SCHOOLS OF CHOICE APPLICATION FORM

School Year: _____

(A separate application form must be completed for each student desiring to attend the Bridgman Public Schools under the Schools of Choice State Aid Act of 1996, P.A. 300, Section 105.)

Please enter info below

Name of Student:	
Name(s) of Parent(s)/Legal Guardian:	
Permanent Address of Student (Also include mailing address, if different):	
Home Telephone # of Student:	
Work Telephone # of Parent(s)/Legal Guardian:	
Contact Email Address:	
Student's Date of Birth:	
Student's Resident School District:	
Grade Level being Requested: (Note for high school students: credit requirements for grade level must be met according to BHS policies)	

Please check Yes or No below and enter explanation, if required:

Has the student ever been expelled from another school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Has the student been suspended from another school during the preceding two (2) school years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Has the student been truant or had attendance problems at another school during the preceding two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Was the applicant enrolled in a previous school year in the Bridgman Public Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the applicant receive special education service(s) the previous school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please list service(s):
Does the applicant have a brother/sister already attending Bridgman Public School under the Schools of Choice Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please list name(s) and grade(s):

(Please check yes or no below)

It is understood that a 9th grade student will be athletically eligible to participate in sports and a student in grades 10-12 will be athletically ineligible for one (1) full semester, according to M.H.S.A.A. rules.	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is understood that the student <u>may</u> be eligible for transportation services outside the Bridgman Public School District at specifically designated bus stops, if approved by the Transportation Department.	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We agree that our child will abide by rules of the school and any applicable policies of the Board.	<input type="checkbox"/> Yes <input type="checkbox"/> No

As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Section 105, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if the Bridgman Public Schools find any information that is incorrect or falsified on this application, that this would immediately terminate enrollment of the student on this form. My/Our signature(s) also holds harmless the Bridgman Public Schools, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines.

Signature(s) of Parent(s)/Legal Guardian:

Date _____

(To be completed by an official of Bridgman Public Schools)

Date Application Received _____

Request is: Granted _____ Denied _____

Comments: _____