



CLIMAX-SCOTTS COMMUNITY SCHOOLS
SCHOOLS OF CHOICE (105 & 105c) APPLICATION

Student's Name: _____ Date of Birth _____

Grade Applying For: _____ Last Grade Completed: _____ Are Special Education Services Required: [] Yes [] No

Parent(s)/Guardian: _____

Address: _____ City / Zip: _____

Home Phone: _____ Cell Phone: _____

Previous School District (Last two years): _____

Resident School District (If different from above): _____

Has this student been suspended or expelled from school within the past two years? [] Yes [] No

If yes, please state reason: _____

Are there sibling(s) that will also be attending Climax-Scotts Community Schools? [] Yes [] No

Name Date of Birth Last Grade Completed Grade Applying For
Are Special Education Services Required: [] Yes [] No

Name Date of Birth Last Grade Completed Grade Applying For
Are Special Education Services Required: [] Yes [] No

Does the student(s) have relatives currently living in the Climax-Scotts Community School District? [] Yes [] No

If yes, please list name/address below:

Name Address City/Zip

Name Address City/Zip

Please provide a copy of a Birth Certificate and an up-to-date Immunization Record for each student listed above.

*Special Note: The provisions of Section 105 have no effect on the Michigan High School Athletic Association (MHSAA) rules. Section 105 schools of choice pupils are considered nonresident pupils and, at MHSAA member high schools, are ineligible for interscholastic athletics for one full semester. REF: Section 105 schools of choice, 1996.

The signature below gives permission for records pertaining to the "applicant(s)" to be released to Climax-Scotts Community Schools. In addition, it indicates an understanding that transportation will be the responsibility of the student's parent(s)/legal guardian(s).

Parent(s)/Guardian(s) Signature

Date

For Office Use Only

Date Application Received: _____

Principal : _____ Approved [] Denied [] If denied, reason: _____

Superintendent/Pupil Accounting Manager: _____

Status: Approved [] Denied [] Parent/Guardian Notified _____

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AFFIRMATION OF PRIOR DISCIPLINE

All non-resident students requesting admittance to Climax-Scotts Community Schools must complete this form. A willful false statement on this affirmation will result in a report to the appropriate authorities.

Directions: Select the appropriate statement, list the student(s) name(s), sign and date.

- The undersigned affirms that the following student listed on this application **HAS NOT BEEN** suspended or expelled from any public or private school in Michigan or any other state.

Student Name: _____

Student Name: _____

Student Name: _____

- The undersigned affirms that the following student listed on this application **HAS BEEN** suspended or expelled from a public or private school in Michigan or any other state.

Student Name: _____

Student Name: _____

Student Name: _____

If you indicated that, any student listed has been suspended or expelled, please explain the circumstances in detail. Include the school name, dates of suspension or expulsion and a description of the incident resulting in the suspension or expulsion.

Printed Name of Parent(s)/Guardian(s): _____

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

Date: _____