

Date of Application _____

OLIVET COMMUNITY SCHOOLS
2010 – 2011
Schools of Choice Application

Application Deadline

July 1, 2010,
3:00 p.m.

New students (not currently enrolled in Olivet Community Schools) must provide an original birth certificate, up-to-date immunization records and emergency contact information. Transcripts are requested for high school applicants in grades 10-12th.

(Late applications will be filled on a "first come, first served basis)."

Applicant Information

Applicant's (Student) Name _____ Female Male

Grade Last Completed: _____ Grade/Slot Requested: _____ Date of Birth: _____

Student Lives with: _____

If not custodial parent/guardian, describe relationship: _____

Address: _____

City/State/Zip _____

Telephone #: (____) _____ Cell #: _____ Work # _____

Name and Address of last school attended: _____

City/State/Zip

Resident School District: _____

Any other Previous Schools: _____

Please check each of the following that apply to the applicant:

- _____ Student is currently enrolled at Olivet Schools and is or has become a non-resident.
 - _____ Student lives in the Calhoun ISD Service area (i.e. Bellevue, Pennfield, Marshall, Mar Lee, etc.)
 - _____ Student lives outside of the Calhoun ISD Service area (i.e. Charlotte, Maple Valley, Eaton Rapids, Springport, Pottersville, etc.)
 - _____ Student lives in Ingham County ISD Service area.
 - _____ The students' parent(s) are a non-resident employee of Olivet Community Schools.
 - _____ Student is non-resident student requesting enrollment after the Schools of Choice deadline and/or the State of Michigan membership count date.
 - _____ Student does not receive Special Education Services.
 - _____ Student receives Special Education Services (**Please attach a copy of IEP if possible**).
- Please check services student has received:** _____ Resource Room _____ Special Education
 Self Contained classroom _____ Speech & Language Services _____ Section 504
 _____ Other placement (explain): _____

Any other information you want us to know:

Sibling Information

Does the applicant currently have a sibling(s) attending Olivet Community Schools under the Schools of Choice program? _____ YES _____ NO If Yes, please list names and present grade and/or Date of Birth:

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

Does the applicant have a sibling(s) that may be eligible for Schools of Choice "preference" in future years? _____ YES _____ NO If Yes, please list names and present grade:

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

