

Application for Airport Community Schools Intra School District Schools of Choice

(Please print or type)

Student: _____ Date Submitted: _____

Address: _____

City: _____ Home Phone: _____

Parent: _____

Parents Daytime Phone: _____

Building student attended during the 2017-2018 school year: _____
(If student is entering Kindergarten, leave blank)

Grade of student for the 2018-2019 school year: _____

Building Requested for the 2018-2019 school year: _____

Is there currently a sibling attending the building you are requesting for the student:

YES

NO

If yes, list the student's name(s): _____

Other reasons for request: (must be for Educational purposes only.)

**Due to our highly qualified teaching staff, teacher preference will not be considered as a reason for School of Choice.

- All requests must be returned to Airport Community Schools District Operations Office on or before Friday May 25, 2018 by 3:00 pm. Late applications will not be accepted or considered.
- Forms may be submitted to the District Operations Office located at Wagar Middle School or emailed to: dfahnestock@airport.k12.mi.us
- I understand that I will be informed of the student's placement no later than August 24, 2018.
- All applications will be considered following the Intra District Schools of choice policy.

Parent Signature: _____ Date: _____

Office Use Only

Date Received: _____ Received By: _____

Approved: _____ Disapproved: _____