

Brandywine

Community Schools

"Committed to Every Student's Success"

APPLICATION FOR SCHOOLS OF CHOICE 2017-2018

Child's Name: _____

Present Address: _____ County: _____

Phone Number: (Home) _____ (Work) _____ Grade Level for 2017-2018: _____

Parent's Name(s): _____

Resident School District: _____ Present School: _____

Special Services Needed (if applicable): _____ Date of Birth: _____

Has your child been suspended from school (in-school or out-of-school suspension) in the last two years? _____
Please explain: _____

Has your child ever been expelled from school? _____

If more applicants apply than openings are available, a random selection will occur.

There are no plans to provide transportation from district of residence. However, transportation from a Brandywine bus stop may be arranged.

If any of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Brandywine Community Schools.

I give permission to the _____ School District to release all school records
(Resident District)
(per Section 99.34) to the Brandywine Community Schools for _____
(Name of Student)

(Parent Signature)

(Date)

(Approval : _____)

Brandywine Community Schools
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