

BENTLEY – SCHOOLS OF CHOICE SECTION 105C
APPLICATION – 2018 - 2019 SCHOOL YEAR

Parent/Guardian Request to Enroll Child in a School of Choice:

All applications must be completed and returned to the BENTLEY ADMINISTRATION OFFICE by 2:00 p.m., Friday, January 18, 2019.

Failure to meet this deadline will result in denial of request.

I. Student Information (A separate application must be submitted for each child.)

Last Name First Name Middle Initial School District of Residence

Street Address City State Zip Code

GENDER: ___ Male ___ Female **DATE OF BIRTH:** _____
Month/Day/Year

II. Parent/Guardian Information:

Last Name First Name Middle Initial

Street Address City State Zip Code

Home Phone Alternate Phone

PLEASE STATE REASONS FOR MAKING THIS CHOICE:

III. 2018-2019 – Current School/Enrollment Information

School District Student Attended in 2016-2017

School Building Student was Enrolled in for 2016-2017

Grade in 2016-2017

High School Student - # of Credits Earned to Date

WITHIN THE LAST TWO YEARS:

Has Student Been Suspended? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Expelled? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Withdrawn from School? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Convicted of a Felony? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO PROVIDE THE DISTRICT WITH A BEHAVIOR REPORT FOR THE PAST TWO YEARS THAT WOULD INCLUDE ANY SUSPENSIONS OR EXPULSIONS FOR THEIR STUDENT(S). THIS DOCUMENT REQUIRES THE SIGNATURE OF THE PRINCIPAL WHERE THE STUDENT LAST ATTENDED. IF THERE ARE NO INCIDENTS TO BE REPORTED, BENTLEY STILL REQUIRES A REPORT BE ATTACHED WITH A SIGNATURE INDICATING THERE WERE NO BEHAVIORAL INCIDENTS. IF THIS REPORT IS NOT PROVIDED TO BENTLEY'S ADMINISTRATION OFFICE BY 2:00 pm JANUARY 18, 2019. THE APPLICATION WILL NOT BE CONSIDERED COMPLETE AND WILL THEREFORE NOT BE PROCESSED.

Does Student Have a Current IEP? ___ Yes ___ No

"I hereby authorize my resident school district to send my child's student records and transcripts, Special Education 504 or other specialized programs, pursuant to this application to the district to which I am applying as a School of Choice for 2018-2019.

Parent/Guardian Signature

Date

I have not applied or requested to enroll my child in any other Genesee County school district for the 2018-2019 Schools of Choice Program. All information I have provided in this application is true and correct. I understand that providing any false information on this application may be sufficient grounds for denial."

Parent/Guardian Signature

Date

Superintendent's Approval Signature

Date