



WHITMORE LAKE PUBLIC SCHOOLS

8845 Main St., Whitmore Lake, MI 48189

Phone: 734.449.4464 | Fax: 734.449.5336 | www.wlps.net

Exceptional, Personalized Education

Superintendent Tom DeKeyser

**Schools of Choice Program
Application Form for 2017-18 Academic Year
Second Semester**

PLEASE PRINT CLEARLY OR TYPE

Student Name: _____

Address: _____
Street P.O. Box City Zip

Date of Birth: _____ Grade in Attendance for 2017-18: _____

Resident District: _____

School Currently Attending (if different than above): _____

Has the student been suspended from school in the last two (2) years? YES _____ NO _____

If yes, please explain: _____

Does the student qualify and/or receive special education services? YES _____ NO _____

NOTE: Acceptance for enrollment shall not be granted or refused based upon religion, race, national origin, sex, height, weight, marital status or athletic ability. However, should special education services be required, the Whitmore Lake Schools must develop a written agreement for services, including added costs, with the resident district.

Parent or Legal Guardian (Please Print): _____

Home Phone: _____ Work Phone: _____

PLEASE READ & SIGN: I am applying to have my son/daughter attend Whitmore Lake Public Schools under the Inter-District Schools of Choice Program. I have read the program description and understand the procedures outlined. In order to process the application, I give my permission to Whitmore Lake Public Schools to receive student record information from my student's current or previous school(s), in regards to academic and disciplinary records. This permission is given pursuant to the Family Educational Rights to Privacy Act. (FERPA)

Signature of Parent/Legal Guardian

Date

Signature of Student (if 18 or over)

Date