LESLIE PUBLIC SCHOOLS

School of Choice Application

X

2021-2022 School Year

Woodworth Elementary (WW) *Grades K-4* Leslie Middle School (LMS) *Grades 5-8* Leslie High School (LHS) *Grades 9-12* Ingham Virtual High School (IVHS) *Grades 9-12*

PARENT/GUARDIAN: Please note that the following applies to Schools of Choice applications for students who reside in an intermediate school district other than the Ingham Intermediate School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment cannot occur until Leslie Public Schools reaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. If such agreement is not reached, your application will not be approved.

Date of Application:	Office use only: Date application received:
Student Name:	
Date of Birth: Current	grade:
School attended in previous school year:	
School district in which you reside:	
Parent/Guardian Info:	
Mom:	Dad:
	☐ Address is same as Mom.
Street:	Street:
City:Zip:	City:Zip:
Phone:	Phone:
Email address:	Email is: □Mom's □Dad's
Student resides with: □Both Parents □Mom □Dad	
Is a sibling currently attending Leslie Public Schools as a Schools Name(s) and grades of siblings:	
Has your child ever been expelled from any school district? □	·
If yes, state the school, date and reason:	
Has your child ever been suspended from <u>any</u> school within the last the school, date and reason:	

f yes, explain and when:	
Does your child have a current IEP (Individualized Educat	
	ANGE OF INFORMATION
verify that the information provided is true and accurate t	to the best of my knowledge. \square Yes \square No
I give my permission for the release of all discipline information within the past two (2) years as well as any expulsions involved.	 -
I authorize the mutual communication/exchange of all information and the school district(s) listed above. \Box Yes \Box No	ormation regarding my child between Leslie Public Schools
I understand transportation will be the responsibility of the	e parent/guardian.
I understand that any misrepresentation, incorrect or inaccurrent further consideration of this application. Yes No	urate information may result in either non-admission or no
I understand that Michigan High School Athletic Association transfers. \Box Yes \Box No	ion (MHSAA) regulations apply to all high school age
Reason for Parent(s)/Guardian(s) student to request a trans	sfer to a School of Choice:
In order for your child to be considered for out-of-district sto have a proof of residency accompany this application payment, rent receipt, medical bill, etc. (A copy of a drive	n. Examples of residency items include utility bill, mortgag
Parent/Guardian Signature	Date

Nondiscrimination Policy

Leslie Public Schools complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education.

It is the policy of Leslie Public Schools that no person be discriminated against on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, height, weight, marital or family status, religion, military status, ancestry, genetic information or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.