

APPLICATION FOR MARQUETTE-ALGER SCHOOL OF CHOICE PROGRAM

District of Choice	Building Name
First Choice:	
Alternate Choice (Optional):	
Please complete the following information and submit to the Negaunee Public School District students must be enrolled High and Middle School January 11-22, 2016; Lakeview School November 16-December 27, 2015	

STUDENT INFORMATION: (Please type or print)

Student name _____ Date of birth _____

Address _____ Phone number _____

City, State and Zip _____ Grade entering this fall _____

School district you resides in currently _____

Suspensions in the last two years:

In school suspensions (ISS) _____ Out of school suspensions (OSS) _____

Long-term suspensions (ten days or more) _____ Expelled from school _____

Please provide the dates and reasons _____

If more room is needed please use the other side.

INFORMATION ON CUSTODIAL PARENT(S)

Parent(s)/Guardian(s) _____

Address _____ City, State and Zip _____

Work phone: _____ Home phone _____ Other school age children _____
 (If more room is need please use other side.)

By signing below, I acknowledge and accept the policies and regulations of the Negaunee Public School District School of Choice

Program _____ **Date** _____

Signature of Parent(s)/Guardian(s)

Student Signature (if over 16) _____ Date _____

The Board of Education of the Negaunee Public School District 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 also the policy of the Negaunee Public School District Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.

Negaunee Public School District Use Only

District: _____

Building: _____

Approved:

Choice District Home District

Choice school's representative signature _____ *Visitation date* _____

Required

Please explain your reason(s) for requesting participation in Schools of Choice (optional): (Use additional paper if necessary.) Questions should be directed to: Dan Skewis, Superintendent (906) 475-4157