

## 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 application period January 3-17, 2019 High and Middle Schools; Lakeview November 16-30, 2018.**

**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 reside 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