Webberville Community Schools **2020-2021**

Schools of Choice Application

Date of Application _____

Student's Name _____

Grade Entering in 2020 -2021_____ Birthdate _____

Current School building and school district *(see other side) in which you reside:_____

Parent/Guardian_____

Street Address _____ City _____ Zip _____

Attach proof of residency (for example, phone bill, mortgage payment, copy of driver's license).

Phone (home) _____ Alternate phone numbers _____

Did your child attend Webberville Community Schools during the 2019-2020 school year? Yes No

Is a sibling currently attending Webberville Community Schools as a Schools of Choice student? Yes No
Name(s) and grades of sibling(s) _____
_____

Please mark an X in the grade you are wishing to enroll your student in:

School	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Elementary													
Middle School													
High School													

Why are you choosing Webberville Community Schools?
_____
_____

Has your child ever been expelled from any school district? Yes No

If yes, state the school and reason:_____

Has your child ever been suspended from any school within the last two years? Yes No

If yes, please state the reason: _____

YOUR SIGNATURE IS REQUIRED ON THE BACK OF FORM

Submit application by Friday, January 8, 2021
to 309 E. Grand River or 202 N Main Street, Webberville, MI 48892

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* Please note that the following applies to School of Choice applications for students who reside in an intermediate school district other that the Ingham Intermediate School District: If your applications 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 Webberville Community 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 of 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 accepted.

By my signature below, I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission and no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.

_____ _____

Parent's/Guardian's Signature Date

Submit application by Friday, January 8, 2021
to 309 E. Grand River or 202 N Main Street, Webberville, MI 48892

WEBBERVILLE
COMMUNITY SCHOOLS

School Office use only:
Date application received_____
Student was admitted as SOC: Yes No Building_____