

Webberville Community Schools Schools of Choice Application

2025-2026



Date of Application _____

Student's Name _____

Grade Entering in 2025 -2026 _____ 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 2024-2025 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 9, 2026
to 309 E. Grand River or 202 N Main Street, Webberville, MI 48892**

**Webberville Community Schools
Schools of Choice Application**

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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 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 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

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School Office use only:
Date application received _____
Student was admitted as SOC: Yes No Administrator Signature _____

