

**Application for Participation
"Schools of Choice"
Tekonsha Community School**

Due: _____ . Please send to Tekonsha Community Schools, 245 S. Elm St. Tekonsha MI 49092

Date of Application _____

APPLICANT/CHILD/STUDENT INFORMATION

Name of applicant/child/student _____ Date of Birth _____

School District of Residence _____ County _____ Grade

requested _____ Building requested _____ Program requested _____ Siblings

(brothers/sisters) _____ Last district attended

_____ Last grade completed _____

Has applicant/child/student been suspended (in last 2 years) or ever expelled? _____

If yes, please explain. _____

Please list relatives now living in this school district. _____

APPLICANT/CHILD/STUDENT PARENT(S) INFORMATION

Name _____

Address _____

Telephone Number _____

Signature _____

Please attach copies of birth certificate, immunization records, and emergency contact information.