

**TEKONSHA COMMUNITY SCHOOLS
SCHOOLS OF CHOICE APPLICATION 105 / 105c
School Year: 2019-2020**

Applications must be returned to Tekonsha Community Schools by August 23, 2019.

Date of Application: _____

Applicant / Student Information for the 2019-2020 School Year

Name of Student: _____

Grade for 2019-2020: _____ Date of Birth: _____

Last grade completed: _____ Male: _____ Female: _____

Public School District of Residence: _____

Resident School District County: _____

Last School District Attended: _____

The law provides districts the opportunity to deny attendance to a student who has ever been expelled or suspended within the previous two school years. If the District receives your child's school records indicating a suspension or expulsion and it is not identified on this application, the District reserves the right to deny your child's acceptance through Schools of Choice.

Has your child been suspended or expelled within the preceding (2) school years? _____ YES _____ NO

If yes, please explain each instance: _____

Parent / Guardian Information

Name: _____ Relationship to Child: _____

Street Address: _____ City: _____ Zip: _____

Phone Number: (Home) _____ (Work): _____ (Cell): _____

Email Address: _____

I have received and understand the instructions, requirements, limitations and process for application and acceptance under School of Choice legislation. I hereby grant permission for all educational records, files, and data of the above named student to be released to Tekonsha School District.

Parent / Guardian Signature: _____

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For Office Use Only

Received By	Date	Time	Approved/Denied	Authorized Signature	105 or 105c

105 = Calhoun County: 02

105c = Out of County: 03