

# TEKONSHA COMMUNITY SCHOOLS SCHOOLS OF CHOICE APPLICATION 105 / 105c School Year: 2018-2019

Applications must be returned to Tekonsha Community Schools by September 7, 2018.

**Date of Application:** \_\_\_\_\_

**Applicant / Student Information for the 2018-2019 School Year**

Name of Student: \_\_\_\_\_

Grade for 2018-2019: \_\_\_\_\_ 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