



Wolverine Community Schools  
 13131 Brook St.  
 PO Box 219  
 Wolverine, MI. 49799  
 Phone: 231-525-8201  
 Fax: 231-525-8591

Received Date: \_\_\_\_\_

Approved:  Yes  No

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the receiving school district administrator**

## Schools of Choice 2021-2022 Application for Participation

1. To apply and be eligible for the lottery, fully completed applications are due back to the superintendent of Wolverine Community Schools before July 1 (December 15).
2. Notification of eligibility for enrollment will be made to parent/guardian by July 15 (January 1).
3. Applications for enrollment will be accepted on a space available, first-come, first-serve basis after the lottery dates have passed, however enrollment of students by parent/guardian must be completed before September 15 (first Wednesday in February).
4. Applications or enrollments will not be accepted after this date, until the next open enrollment period the following semester.

### APPLICANT INFORMATION *(one application form per student to be completed by parent/guardian):*

**Student:**

<b>Applicant Student Name</b> _____	<b>Student Grade (entering)</b> _____
<b>Student Birthdate</b> _____	<b>Please check one</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>District of Residence</b> _____	<b>Last school attended</b> _____
Sibling #1 Name _____	Student Grade (entering) _____
Student Birthdate _____	Please check one <input type="checkbox"/> Male <input type="checkbox"/> Female
District of Residence _____	Last school attended _____
Sibling #2 Name _____	Student Grade (entering) _____
Student Birthdate _____	Please check one <input type="checkbox"/> Male <input type="checkbox"/> Female
District of Residence _____	Last school attended _____
Reasons for enrolling in Wolverine Community Schools: _____	

**Parent/Guardian:**

**Must have all information to be considered for approval**

Parent/Guardian Name _____	Phone _____
Physical Address _____	City/Zip _____ / _____
Mailing Address _____	City/Zip _____ / _____
Are any siblings currently enrolled/attending Wolverine Community Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list name and grade _____	
Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide an explanation: _____	

Has the student ever been tested for specialized services?  Yes  No

Or do they receive specialized assistance in school?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

Please read and acknowledge the following by checking the boxes and signing below:

- I have been provided a copy of the open enrollment agreement and understand and will abide by all of its provisions. Available on-line at [www.wolverineschools.org](http://www.wolverineschools.org) Enrollment for Schools of Choice INTER-DISTRICT OPEN ENROLLMENT AGREEMENT.
- I understand that I am committing to enroll the above named student for a period of not less than one academic year.
- I understand, and agree that per the terms of the agreement, the student's resident school district is not obligated to re-enroll them until the beginning of the next academic year.
- I understand that determinations of admission, denial, academic credit, assignment, or placement are to be made by Wolverine Community Schools, and I agree to abide by them.
- I understand transportation will be the responsibility of the parent/guardian.
- I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
- I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
- I agree to hold Wolverine Community Schools and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released?  Yes  No

Parent/Guardian Signature \_\_\_\_\_

**RESIDENT SCHOOL DISTRICT INFORMATION *(to be completed by resident school administrator)***

***This application must be delivered to the resident school district superintendent/designee to be completed and will be returned by the resident district to the enrolling district.***

Is this student enrolled in your district?  Yes  No

Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons?  Yes  No

If yes, please provide an explanation:

\_\_\_\_\_

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school?  Yes  No

If yes, please provide an explanation: \_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Resident School Administrator for \_\_\_\_\_

Applicants for admission as non-resident students and their parents/guardians are hereby notified that Wolverine Community Schools does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.