

Wolverine Community Schools 5993 W. Sholes St. Wolverine, MI 49799 Phone: 231-525-8201 Fax:231-525-8591

Approved:	Yes		No
nitials:		Date:	12

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).

- 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).
- 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 pa	arent/guardia	<u>an)</u> :
Student: Applicant Student Name	Student Grade (entering)		
Student Birthdate	Please check one	☐ Male	☐ Female
District of Residence	Last school attended		
Sibling #1 Name	Student Grade (entering)		
Student Birthdate	Please check one	☐ Male	☐ Fernale
District of Residence	Last school attended		<del></del>
Sibling #2 Name	Student Grade (entering)		
Student Birthdate	Please check one		☐ 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		
Malling Address	011171		
Are any siblings currently enrolled/attending Wolverine Commi	10	□No	
If yes, please list name and grade			
Has the student ever been suspended, expelled, or otherwise			□ No
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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 sig	igning below:
Available on-line at <a href="https://www.wolverineschools.org">www.wolverineschools.org</a> Enrol AGREEMENT.  I understand that I am committing to enroll the abo I understand, and agree that per the terms of the a enroll them until the beginning of the next academia. I understand that determinations of admission, de Wolverine Community Schools, and I agree to abid I understand transportation will be the responsibility. I understand Michigan High School Athletic Association I understand that misrepresenting or withholding information withdrawn or rejected.	illment for Schove named studingreement, the ic year. Inial, academic be by them. In y of the parent ation regulation formation on the inity of their emission studies.	ons apply to all high school age transfers.  The application may cause my application to be  Tiployees, and their Board of Education harmless for any  Ident's previous school. Do you give permission for all the
RESIDENT SCHOOL DISTRICT INFORMATION (to be comp	nleted by resi	cident school administrator)
This application must be delivered to the <u>resident</u> school of by the resident district to the enrolling district.		
Is this student enrolled in your district?	□No	
Has the student ever been suspended, expelled, or otherwise e	excluded for di	fisciplinary reasons?
If yes, please provide an explanation:		
Has the student ever been tested for specialized services? Or o	do they receive	ve 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 parent.	s/guardians are	e hereby notified that Wolverine Community Schools does no