

**BLOOMINGDALE PUBLIC SCHOOLS**  
**APPLICATION FOR PARTICIPATION IN SCHOOLS OF CHOICE PROGRAM**

ALL APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF THE SUPERINTENDENT ON OR BEFORE **SEPTEMBER 7, 2018.**

Date this application was submitted \_\_\_\_\_

**Student Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade during 18/19 school year

\_\_\_\_\_  
Residence School District

**Parent/Guardian Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

Has the applicant child/student been suspended or expelled from any school district within the last two years?

No       Yes

If your answer to the previous question was yes, please explain, in detail the expulsion and/or, the number of different suspensions (if more than one) and the reasons for the suspensions. (Use the back of this paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The applicant student and parent(s)/guardian(s) of the applicant clearly understand and agree, as signified by the signature below, to accept all state and local guidelines involving the Schools of Choice program such as the loss for one semester of athletic participation, the requirement of following all rules & regulations of the Bloomington School District, the requirement of providing your own transportation to and from school, that this request is for the forthcoming school year only, and any other guidelines which may be adopted by the State of Michigan and by the Bloomington Board of Education.

\_\_\_\_\_  
Signature of Applicant Student's Parent/Guardian

**HOME DISTRICT**

Has been  released     not released for the  
2018-2019 school year.

Superintendent's Signature \_\_\_\_\_

**RECEIVING DISTRICT**

Has been  accepted     not accepted for the  
2018-2019 school year.

Superintendent's Signature \_\_\_\_\_