

**JOHANNESBURG LEWISTON AREA SCHOOLS
APPLICATION FOR PARTICIPATION
SCHOOLS OF CHOICE**

Name of Applicant Student

Date of Application

Address of Applicant

City, Zip Code

Birthdate of Applicant

Grade Level of Applicant

Home Telephone Number

District of Residence

Name & address of last school attended: _____

Has this student ever been suspended, expelled, or otherwise excluded for disciplinary reasons?

YES If yes, please provide dates & explanation: _____

NO _____

Are any siblings currently enrolled/attending Johannesburg Lewiston Area Schools?

YES NO
If yes, please list name(s) and grade(s): _____

Reasons for seeking enrollment in Johannesburg Lewiston Area Schools: _____

If my child is accepted for enrollment in the Johannesburg Lewiston Area School district through its Schools of Choice program, I agree to the following conditions:

- A. My child will abide by the rules of the school and any applicable policies of the Board of Education.
- B. I shall provide the transportation for my child either to the school s/he will be attending or to a regular school bus stop within the school district.
- C. I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

~Office Use Only~

Received Date: _____

Approved: Y N

Initials _____ Date _____

Notification Sent _____

Signature of Parent/Guardian

Date

STATEMENT OF NONDISCRIMINATION

It is the policy of Johannesburg Lewiston Area Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment. Inquiries should be addressed to: Civil Rights Coordinator, 10854 M 32, Johannesburg, MI 49751, 989/731-2040.