

Schools of Choice Almont Community Schools

105/105C Application **GRADES 4-12 ONLY**

2023-2024 School Year 2nd Semester (application period January 3 – January 15, 2024)

Instructions: 4th through twelfth grade students residing in a participating district may apply to attend any other participating public school districts within or contiguous (Genesee, Macomb, Oakland, Sanilac, St. Clair County and Tuscola) to the Lapeer I.S.D. Complete one application for each student. Every question under Section 1 MUST be answered. Completed applications must be sent to ALMONT COMMUNITY SCHOOLS 4701 HOWLAND RD., ALMONT, MI 48003. Applications are due by 3:00 pm on January 15, 2023.

Section 1 – Must be fully completed by the Student's Parent/Guardian to be considered:

Student Name: _____ Birthdate: _____ Sex: ___ Male ___ Female
Last First M.I. Month/Day/Year

Student Address: _____ County: _____
Street City Zip Code

School Currently Attending: _____ Grade in 2023/2024: _____

Resident District and County of Student: _____

Parent/Guardian Name: _____ Phone # Home: _____ Work: _____
Last First M.I.

Parent/Guardian Address (if different from student address): _____
Street City Zip Code

Parent Email Address _____

Reasons for Transfer Request _____

Has this student ever been suspended or expelled? ___ No ___ Yes If yes, give district, date and reason for suspension or expulsion: _____

Has this student ever been Special Needs: ___ No ___ Yes If yes, please specify and attach current IEP or Section 504 Plan, if applicable: _____

Has this student ever attended Almont Community Schools in the past? ___ Yes When? _____ ___ No

Is student currently attending the **public** school district of choice as a tuition pupil? ___ No ___ Yes

Does this student have a brother or sister already attending the school of choice? ___ No ___ Yes

Is Parent/Guardian a school employee of the district of choice? ___ No ___ Yes

The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school. I understand that any false information provided by me may be considered grounds for disapproval of this application.

Signature of Parent/Guardian

Date

Section 2 – To be completed by Almont Community Schools:

Upon review of this application, and with consideration to the policies and procedures of the Schools of Choice in Lapeer County for enrollment under this program, this application is:

☐ Approved On the basis of information provided in this application, the above student will be assigned to:
District/Building: _____ Board Approval Date: _____ Grade: _____

☐ Disapproved Almont Community Schools is unable to approve your request for enrollment in the Schools of Choice program for the following reason: _____

Signature of Superintendent or Designee: _____ Date App. Sent to Building: _____

Almont Community Schools does not discriminate in any of its educational programs, activities, or employment practices on the basis of race, color, national origin, sex, age, disability, religion, height, weight, or marital status.



Almont Community Schools
4701 Howland Rd.
Almont, MI 48003
Phone: 810-798-8561 / Fax: 810-798-2367

DISCIPLINARY RECORD RELEASE For School of Choice

Student Name/Grade/DOB: _____

Name of School Requesting Records From: _____

School Address: _____
Street/City/Zip

School Telephone/Fax: _____

The above named student has applied to attend Almont Community Schools as a School of Choice student. Please email the students discipline file for the past 2 years of school to amyers@almontschools.org. If there is no discipline on file, please indicate on the bottom of this form and fax back to us.

Final acceptance is contingent upon further review of the student's discipline file and thus, ONLY DISCIPLINE INFORMATION IS NEEDED AT THIS TIME. If accepted as a school of choice student, additional records will be requested under separate cover. Thank you in advance for your assistance.

Parental Permission

I hereby authorize the release of all disciplinary records for the above named student to Almont Community Schools. I authorize Almont Community Schools to review these records to determine my student eligibility for enrollment for the upcoming year.

Parent Signature

Date

_____ has/has no (circle one) discipline infractions for the _____ and _____ school years.

Name/Title / Date

School District

Almont Community Schools Office Use Only

Building _____ Verified by/Date _____

Application Approved _____ Application Denied _____

Parent Contacted/Date/Method _____
call/email/letter

2023-2024 School of Choice

Application Periods:

- Grades 4-12 beginning on January 3, 2024 ending on January 15, 2023 at 3:00 p.m.
- ***Young 5 – 3rd Grade are closed for the Winter 2024 School of Choice Window.***

This is a limited window without exception for applications

All applications need to be turned in as follows:

January 3rd – January 15th at the school buildings or Central Office (located in AHS)

Make sure to COMPLETELY fill out the SOC application as well as the Discipline Record Request, this is part of the SOC application. ***If you are mailing or faxing your request, it is up to you to make sure it was received in a timely manner at the building you sent it to.***

IMPORTANT:

We have closed Y5 thru 3rd grade and are limiting enrollment in 4th Grade.

Limited SOC spots are due to overcrowding in our buildings and our commitment to keep class sizes within the Board recommended ranges.

Priority will be given to students who reside in the same household as students enrolled under section 105 or 105c in the immediately preceding school year, semester or trimester.

If over 5 applications for 4th Grade are received, students will be selected according to a random draw system, which will also be used to establish a waiting list. If necessary, this random draw will take place on **Tuesday, January 16th. You will be notified of the status of your application by the end of day January 17th.**

Please bring this paper with your application and disciplinary request. Get this signed by ACS staff and have a copy made for your records. *If you are mailing or faxing your request, it is up to you to make sure it was received in a timely manner at the building you sent it to.*

Date/Time the Application was received by ACS _____

Person receiving the application _____

Parent's Signature _____

For office use:

Attach this form to the SOC form(s): ____ Dropped off at Building ____ Faxed or Mailed
Parent Verified