



FENTON AREA PUBLIC SCHOOLS
Schools of Choice Application
2020-2021 1st Semester
Grades K-12 UNLIMITED

First Semester begins on August 25, 2020

All applications for **Grades K-12 will be accepted March 16 - August 27, 2020.**

Completed applications must be turned in to Fenton Schools' Administration Office, 3100 Owen Road, Fenton, by 4:00 p.m., Thursday, August 27, 2020. Applications may also be faxed to (810) 591-4705 or emailed to amogford@fentonschools.org. Failure to meet this deadline may result in denial of request. Notification of acceptance/denial will be no later than August 27, 2020. Upon notification of acceptance, students are required to be enrolled by August 27, 2020. Transportation will be the responsibility of the parent/legal guardian. Please call Amanda Mogford (810) 591-4712 with questions.

STUDENT INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Initial	School District of Residence	
Street Address			City	Zip Code
			Male <input type="checkbox"/>	Female <input type="checkbox"/>
			Date of Birth: _____	
			Month/Day/Year	
School District/Building Student Attended in 2019-2020		Grade in 2020-2021	Number of High School Credits Earned to Date	
Does your student receive Special Education Services?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If yes, what type of services? _____

Please state reasons for making this choice:

Within the last two years (required):

Has Student Been Suspended? Yes No

If Yes, Provide Date: _____ Reason: _____

Has Student Been Expelled? Yes No

If Yes, Provide Date: _____ Reason: _____

Has Student Withdrawn from School? Yes No

If Yes, Provide Date: _____ Reason: _____

____ Parent/Guardian acknowledges that discipline data will be shared with Fenton Community Schools.

SIBLING(S) INFORMATION:

List full name and grade of siblings currently enrolled in or applying to the Schools of Choice 105/105c program. **(A separate application must be submitted for each student)**

_____	_____
Sibling Name	Sibling Grade
_____	_____
Sibling Name	Sibling Grade
_____	_____
Sibling Name	Sibling Grade

PARENT/LEGAL GUARDIAN INFORMATION:

Last Name	First Name	Middle Initial	

Street Address	City	State	Zip Code

Home Phone	Cell Phone	Business/Work Phone	

"I have read and agree to the terms of the 105/105c Schools of Choice Program. I have not applied or requested to enroll my child in any other school district for the 2020-2021 Schools of Choice Program other than my choice listed above. All information I have provided in this application is true and correct. I understand that providing any false information on this application may be sufficient grounds for denial."

"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports, pursuant to this application to the district to which I am applying as a School of Choice 105/105c for 2020-2021."

_____	_____
Parent/Guardian Signature REQUIRED	Date

*Section 105 – Schools of Choice within Genesee County
 *Section 105c – Contiguous Counties (Lapeer, Livingston, Oakland, Saginaw, Shiawassee, Tuscola)

TRANSPORTATION TO AND FROM SCHOOL IS THE RESPONSIBILITY OF THE PARENT.