



# Application for Non-Resident Enrollment

## SCHOOL OF CHOICE

School Year 20\_\_\_\_-20\_\_\_\_

378 State St, Charlotte Mi, 48813

Student Name:				Date of Birth	
Grade: (Application Year)		School Currently Enrolled in:			
Has your student ever attended Charlotte Public Schools?					
<b>Student Academic Services</b>					
Does your student have an IEP? If YES, please include service type					
Does your student have a 504? If YES, please include accommodation					
<b>Student Behavior</b>					
Suspended in the last 2 years? If yes, please provide date and reason					
Expelled/Pending Charges? If yes, please provide date and reason					
<b>Parent/Guardian Information</b>					
Parent/Guardian Name:					
Address:					
(Street)		(City)		(State)	(Zip)
School District of Residence: (The School District your home resides in)					
Phone Number:		Email:			
Reason for Choosing Charlotte Public Schools:					
<p><b>This application must be completed by a legal parent/guardian. Enrollment procedures must follow acceptance to be enrolled.</b></p> <p>By (electronically) signing below I understand that incomplete or false information I have provided may invalidate this request. I also understand that Charlotte Public Schools will request student transcripts and records from my child's previous school to assist with the application review process. If approved, I acknowledge that I will be responsible for coordinating my child's transportation and that my child will arrive/be picked up from school on time and attend regularly. I also acknowledge that my student must abide by the CPS Student Code of Conduct. If my student attends a secondary level school, I acknowledge that this transfer is not for athletic purposes. Please Note: If for any reason you discontinue attendance with Charlotte after obtaining approval, you will need to reapply should you wish to return. A reminder to out-of-district families that you are required to notify Charlotte Public Schools change of address by filling out a residency affidavit that can be obtained through your CPS building administrative assistant.</p>					
Parent/Guardian Signature:				Date:	
Student, if over 18 years of age					
<b>Internal Use Only:</b>					
Applicaton Determination Under:		SOC 105 (02)		SOC 105c (03)	
I hereby ACCEPT DENY the application for enrollment for the above-named student to Charlotte Public Schools.					
School Year: 20____-20____ Determination Notes:_____					
Signature of Superintendent or Designee of CPS				Date	



## Request for Educational Records Application Screening

Phone: (517)541-5100

Fax: (517)541-5105

Email: enrollcps@charlottenet.org

The student named below has applied for out of district enrollment into Charlotte Public Schools. Eligibility for enrollment has not yet been determined. **A request for permanent records (CA\_60) will be sent when/if the student does enroll** with Charlotte Public Schools.

Student Name:		Date of Birth
Grade: (Application Year)	Previous/Current School:	
<div>(City)</div> <div>(State)</div> <div>(Zip)</div>		
School Phone Number:		
School Fax/email:		

- ☐ Academic Transcripts
- ☐ Current Class Schedule (if not reflected on transcript)
- ☐ Grades in current classes (if student were to withdraw at this time)
- ☐ Discipline
- ☐ Special Education/504

I hereby grant permission for the release of the above record(s) to Charlotte Public Schools

Parent/Guardian Signature:

Date:

Student, if over 18 years of age

*The family Educational Rights and Privacy Act of 1974, sec. 99.34, states in part; Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent(s) be notified of the transfer, receive a copy of the record, if desired, and has an opportunity to challenge the content of the record*