

Montcalm Area ISD Collaborative Schools of Choice 2023-2024 Application for Enrollment













General Information: Kindergarten through twelfth grade students residing in a local district may apply to attend any other local public school district. Use one application for each student.

Section 1: To be Completed by the Student's Parent or Guardian

Birth Date:		Gender:	Male	Female	Grade:	
Resident District of Student:		District/Buil	ding Curren	tly Attending		
			•			
Schools/Preschools/Daycare Cen	ters Previously Attended:	,			•	
District/Bullding Name of Request	ted Enrollment (Choice):					
First Choice:			Alternate:			
Special Services Required by Stud	dent:	 -				
List any past behavior or attendar	nce support needed and any	suspensions	or expulsio	ns from sch	ool:	
Reason for Transfer Request:	 	-				
Parent/Guardian Name:				Telephone	Telephone Number:	
				10		
				<u>li i</u>		
Address:		City:			Zip Code:	
Description between testing and the second						
By signing below, I acknowledge a	and accept the policies and	regulations of	the Montca	im Area inte	rmediate School District	
Schools of Choice Program.						

	40.					
· .	Signature - Parent/Guard	lian			Date	
Section 2: To h			District	Superin		
	pe Completed by th		District	Superin		
			District	Superin		
Date of Receipt of Application	De Completed by the District Name:		District	Superin	tendent/Designee	
Date of Receipt of Application	De Completed by the District Name:		District	Superin		
Date of Receipt of Application Contact Person (District Open Enr	District Name:	ne Choice			Telephone Number:	
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