



APPLICATION FOR SCHOOLS OF CHOICE 2017-2018

Please complete this form and return to:

Utica Community Schools
Pupil Services
11303 Greendale
Sterling Heights, MI 48312

Application Acceptance Monday, March 13, 2017 through Friday, September 8, 2017 by 4:00

- Utica Community Schools is accepting an unlimited number of applications for grades K-12 for all buildings, where space is available. This form is for families that live outside of the Utica Community Schools attendance area. We are accepting applications from Macomb, Oakland, Wayne, Lapeer and St. Clair County residents. Interested families are encouraged to attend a **Schools of Choice Open House on Wednesday, April 12, 2017 at 7 p.m. at Stevenson High School, 39701 Dodge Park Road.** Child care services will be provided.
- **All 6th-11th applicants must attach** their most recent report card or transcripts and behavior record. Ask your current school to print your child's PowerSchool Historical Grades and Log Entries or an equivalent from your school district.
- You will be **notified by E-mail after June 5th** if accepted for the 2017-2018 school year.
- **PARENTS/GUARDIAN ARE RESPONSIBLE FOR TRANSPORTATION OF THEIR CHILDREN**

Application Date: _____

Child's Name (one per application) _____ Male ___ Female ___

School attended in 2016-2017 _____ Residence School District _____

Grade Level Applying for 2017-2018 school year _____ Date of Birth _____

Has the above listed child ever been suspended or expelled from school? ___ No ___ Yes

Name of Parent/Guardian (student resides with): _____
(Please print)

Address _____
(Street) (City) (Zip Code)

Primary Phone # _____ Other Phone # _____

E-mail (must include for notification of acceptance) _____

Requested School: _____
(1st Choice) (2nd Choice) (3rd Choice)

Please complete Page 2, Parent/Guardian Signature Required

.....OFFICE USE ONLY BELOW.....

Child placed by _____ Date _____ Building Placement _____

Future Attendance Pattern _____

If any siblings are currently enrolled in Utica Community Schools or you are submitting an application for multiple siblings, please complete the following. Please remember all new applicants require their own application.

Name	Grade	Building	Currently Enrolled	Submitting Application
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please check any Special Services that apply to your child or check: **None apply**

- | | | |
|---|---|--|
| <input type="checkbox"/> Speech & Language** | <input type="checkbox"/> Learning Disabled** | <input type="checkbox"/> Other Health Impairment** |
| <input type="checkbox"/> Severe Multiple Impairment** | <input type="checkbox"/> Autism Spectrum Disorder** | <input type="checkbox"/> Cognitive Impairment** |
| <input type="checkbox"/> Emotional Impairment** | <input type="checkbox"/> Physical Impairment** | <input type="checkbox"/> Hearing Impairment** |
| <input type="checkbox"/> Visual Impairment** | <input type="checkbox"/> Traumatic Brain Injury** | <input type="checkbox"/> ECDD** |

****A copy of their current IEP must be included when submitting this application****

For information on before/after School Age Child Care or Preschool visit www.ucsccommunityeducation.com

I certify that the above information is accurate and complete to the best of my knowledge. Further, I understand that if any of the information is found to be incomplete or inaccurate, it could result in the loss of my child's eligibility for acceptance and removal from Utica Community Schools' Schools of Choice Program.

Parent/Guardian Signature _____ Date _____