



# APPLICATION FOR SCHOOLS OF CHOICE 2018-2019

Please complete this form and return to:

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

**Application Acceptance Monday, March 12, 2018 through Friday, September 7, 2018 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 April 12, 2018 at 7 p.m. at Stevenson High School, 39701 Dodge Park Road.** Child care services will be provided.
- **All 6<sup>th</sup>-12<sup>th</sup> 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 4<sup>th</sup>** if accepted for the 2018-2019 school year.
- **PARENTS/GUARDIAN ARE RESPONSIBLE FOR TRANSPORTATION OF THEIR CHILDREN**

Application Date: \_\_\_\_\_

Child's Name (one per application) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School attended in 2017-2018 \_\_\_\_\_ Home Residence School District \_\_\_\_\_

Grade Level Applying for 2018-2019 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: \_\_\_\_\_  
(1<sup>st</sup> Choice) (2<sup>nd</sup> Choice) (3<sup>rd</sup> 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](http://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 \_\_\_\_\_