

**SCHOOL OF CHOICE 2009-2010
Lakeview Public Schools
20300 Statler – St. Clair Shores, MI 48081**

Parent(s) First and Last Name: _____

Address: _____ Email Address: _____

Home Phone: () _____ Work Phone: () _____, Ext. _____

School District in which you reside: _____

District Currently Attending: _____

Unlimited Openings in Grades K-12

Application deadline Friday, August 21, 2009

Please list the School of Choice grade level in which your child will be enrolled for 2009/10 school year:

Student's First Name	Student's Last Name	Grade Level for 2009/2010	Current school attending (please include school phone number)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A student who has been suspended during the last two school years (2007/2008 or 2008/2009) or has been expelled from any school district will not be permitted to attend Lakeview Public Schools.

- I/We verify that the above information is accurate and that the student listed has not been suspended during the last two school years or expelled from any school.
- I/We understand that if at anytime it has been discovered that the information provided on this form is inaccurate and/or falsified, my child will be ineligible to attend Lakeview Public Schools and will be excluded from attendance immediately.

Parent's/Guardian's Signature _____

Date _____

This form must be returned to:
Christine Templeton
Lakeview Public Schools
20300 Statler
St. Clair Shores, MI 48081
(586) 445-4000, Ext. 2504
(586) 445-4029 fax
ctempleton@scslakeview-k12.com

FOR OFFICE USE ONLY: STATUS OF ACCEPTANCE

Approved
Denied Reason: _____

(INDIVIDUAL WHO COMPLETED BACKGROUND CHECK) (DATE) (TITLE)

Nondiscrimination and Access to Equal Education Opportunity

It is the policy of the Board that no student in this District shall, on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, sexual orientation, disability, height, weight, and/or any other legally protected characteristic, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in its programs and/or activities. Any person believing they have been discriminated against may bring a complaint to the local civil rights coordinator: Executive Director of Human Resources, 20300 Statler St, St Clair Shores MI 48081, 586-445-4000 x 2503



Lakeview Public Schools

Authorization for Release of Student Records

I Authorize:

School Name

Address

City, State, Zip

To Release:

- All records (including 504 Plan, Board Action Discipline, psychological and special education testing information)
Transcript of student's record, including key to grading system
Grades at time of release
Standardized Test Data
Health Records

Student or Former Student

Grade Last Attended

Birth date

Table with 3 columns: Student or Former Student, Grade Last Attended, Birth date. Rows 1, 2, 3.

PLEASE SEND STUDENT RECORDS TO: (Please check appropriate school)

* PLEASE BE SURE TO VERIFY THAT THE STUDENT'S UIC # IS WRITTEN ON THE CA60.

- Ardmore Elementary, 27001 Greater Mack, St. Clair Shores, MI 48081
Greenwood Elementary, 27900 Joan, St. Clair Shores, MI 48081
Harmon Elementary, 24800 Harmon, St. Clair Shores, MI 48080
Princeton Elementary, 20300 Statler, St. Clair Shores, MI 48081
Jefferson Middle School, 27900 Rockwood, St. Clair Shores, MI 48081
Lakeview High School, 21100 Eleven Mile, St. Clair Shores, MI 48081

DATE: _____

Parent, Legal Guardian or Adult Student Signature

Present Address

City, State, & Zip

***Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D.99.30 (b), it is not necessary to have the written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."**

FOR OFFICE USE ONLY

Date Data Released _____ by _____
Name/Position

Date Copies Mailed _____ by _____
Name/Position

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