MOUNT CLEMENS COMMUNITY SCHOOLS

School of Choice Application

2020-2021 School Year

Full Year PLEASE CHEC	Second Se			
Non-Resident	Mount Clemen	s Resident Movi	ng Out	
Seminole Academy (Kdg—5)	🗆 Mour	nt Clemens Mi	ddle Schoo	ol (6—8)
Mount Clemens	s High School (9	—12)		
(P	LEASE PRINT)			
Student:		Birth da	te:	
LAST 2020-2021 Grade Level (K-12)	FIRST Male	Female	MM/I	DD/YYYY
Parent / Guardian:				
LAST Home Phone: Cell Phone:		FIRST Work Phone: _		
E-Mail Address:			_	
Address:	City:		_ Zip Code:	
Home District:	Home Scho	ool:		
List all schools attended during 2019-2020 school year:				
Reason(s) for Requesting Admission under School of C	hoice:			
Does your child have a current IEP that qualifies him/h	ner for Special Educ	ation Services?	🗌 Yes	🗆 No
Has your child been suspended from school in the last two (2) years?			🗌 Yes	🗌 No
Has your child ever been expelled from any school dist	trict?		🗌 Yes	🗌 No

(If you have answered "Yes" to any of the above questions, please attach a written explanation.)

All Students attending school outside of their attendance areas do so under the following conditions:

1. A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based on intellectual, academic, artistic, or other ability, talent or accomplishment, or lack thereof, or based on a mental or physical disability, unless a similar resident student would also be excluded.

2. A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based upon religion, race, color, national origin, sex, height, weight, marital status, or athletic ability, or generally, in violation of any state or federal law prohibiting discrimination.

3. The District shall refuse to enroll a non-resident applicant if the applicant is or has been within the preceding two years, suspended from another school or if the applicant has ever been expelled from another school.

4. Class size may not exceed district guidelines in order to accommodate choice students.

5. The parent must guarantee positive student attendance and behavior in accordance with district policy.

6. Students causing concern in any of the above areas may be transferred back to their assigned schools based on behaviors outlined in the Student Code of Conduct.

7. Transportation is not provided for School of Choice students.

8. Athletic eligibility status for School of Choice students is established by the Michigan High School Athletic Association (MHSAA).

This is to acknowledge that we have read, understand and agree to the above terms. Any false or misleading information may result in denial/rejection from the Schools of Choice program.

Parent / Guardian Signature

Student Signature (if over 18 years of age)

Please	return	this	com	oleted	form	to:

Devara Kay Hodges

District Coordinator of Pupil Accounting &

Student Services

167 Cass Avenue, Mount Clemens, MI 48043

Hodgesd@mtcps.org

(586) 461-3737

DISTRICT USE ONLY				
Date Received:	Signature:			
	Granted	Denied		

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Date

Date

Date