

Today's Date: \_\_\_\_\_

Effective Date of Enrollment: AUGUST 2017

School Year: 2017-2018

Student(s) Name	Grade	Date of Birth

Parent Information	
Parent/Guardian Name:	Day Time Phone:
Street:	City/Zip:

Request Information	
Is/are the student(s) receiving any Special Education Services or classroom placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, * student's name above and describe services here:</b>
Has/have the student(s) been expelled or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, √ student's name above and describe here:</b>

The above student(s) meet(s) the criteria for enrollment as follows: *(please select one)*

- Home under construction or purchase in progress in the enrolling district, with a scheduled residing in home on date of: \_\_\_\_\_
- Student(s) complete current school year.
- Student complete senior year.
- School of Choice student outside of the Ionia County Intermediate School District.
- Attended Lakewood Public Schools the previous school year.
- Other, please describe:

Authorizing Signatures	
As parent/guardian of the above named student(s) I hereby request approval of transfer of the student(s) as indicated below. I understand that:	
<ol style="list-style-type: none"> <li>1. I am requesting all education records including medical, IEP, MEAP, EDP, CA60 and CA39 be forwarded to the School of Choice enrolling district.</li> <li>2. <b>Transportation to and from the Enrolling School of Choice district is parent/guardian's responsibility.</b></li> <li>3. Any incomplete, inaccurate or false information may invalidate this transfer.</li> <li>4. If requesting acceptance to Lakewood Public Schools, any legal adult making this request will hold all Lakewood Public Schools personnel and Board of Education member harmless for any decision in the selection process and/or potential participate or actually participation as an Open Enrollment child/student relative to academic achievement, co-curricular participation, student discipline related to behavior, and/or all other aspects of participation as a member of a student body.</li> <li>5. If requesting acceptance to Lakewood Public Schools, I understand my student may not participate in Lakewood Public Schools until they have received complete and up-to-date immunization records for student(s) requested above.</li> </ol>	
Parent/Guardian Signature:	Date:
Resident (Releasing) District:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Releasing Superintendent:	Date:
Requested (Enrolling) District: LAKEWOOD PUBLIC SCHOOLS	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Enrolling Principal Approval:	
Enrolling Superintendent Signature of Approval: Randy Fleenor	Date: