Marcellus Community Schools

Schools of Choice 105/105c Application

Completed application forms should be returned to Marcellus Community Schools, Office of the Superintendent, 305 Arbor Street, Marcellus, MI 49067 or mailed to P.O. Box 48, Marcellus, Michigan 49067.

Student's Name:	Date of Birth:	
Grade for this year: Gender	:	
Student's Address:		
Parent/Guardian Name:	Phone:	Work Phone
Parent/Guardian Address:		
School Currently Attending:		
Resident School District:		
Special Services Required? Yes	No If yes, please explain	n:
	at of the resident district must sign the street the child to enroll as a 105c student.	dent in any school district other than Cassopolis, Special Education Agreement to Provide Special ne past two school years?
Has this student been suspended from Yes No If yes, please explain:	school for any reason within	the last two school years?
Are immunizations up to date:	_	
delines involving the school of choice progra	nm. My signature indicates all in the School of Choice status may	erstand and agree to accept all state and loca formation is true and accurate. I am aware the be denied. Marcellus Community Schools has ent information.
rent/Guardian		Date
dent Signature if legal age:		Date