

**INSTRUCTIONS:** → → **Complete one application for each student.** Kindergarten – 12<sup>th</sup> grade students in Huron ISD and bordering ISD's may apply to attend other participating public school districts in those ISD's. This application form must be completed and sent to Cheryl Sturm, 6136 Pigeon Road, Pigeon MI 48755, Phone 989.453.4600. You will be notified of approval or disapproval.

STUDENT FULL NAME:	LAST GRADE COMPLETED:
APPLICATION DATE:	SCHOOL YEAR APPLYING FOR (example: 2003-2004):
STUDENT RESIDES AT THE FOLLOWING ADDRESS: _____ CITY: _____	
THIS ADDRESS IS LOCATED IN THE FOLLOWING SCHOOL DISTRICT: _____	
SCHOOL CURRENTLY ATTENDING (OR LAST ATTENDED): _____	
STUDENT DATE OF BIRTH (A copy of the Birth Certificate will be required upon enrollment): _____	
SPECIAL PROGRAM (including special education): _____	
HAVE YOU BEEN SUSPENDED OR EXPELLED FROM SCHOOL IN THE LAST TWO YEARS? (If yes, when and why) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>NOTE:</b> Application is being made to Laker Schools. Admission may only be available to a Student Applicant for a grade, school, and special program which has been specifically identified as open for enrollment by the Board of Education. Admission is subject to the terms and conditions of the policies, rules, and regulations of the Board of Education, its administrators, this Application, and applicable Michigan law.</p>	

<b>PARENT/GUARDIAN INFORMATION:</b>	
CHECK APPROPRIATE DESIGNATION:	Father ( )      Stepfather ( )      Mother ( )      Stepmother ( )      Guardian ( )
IF RELATIONSHIP IS OTHER THAN ABOVE, DESCRIBE AND ATTACH RELEVANT DOCUMENTATION (e.g., court order): _____	
NAME OF PARENT/GUARDIAN SUBMITTING APPLICATION: _____	
ADDRESS: ( ) check if same as student	
HOME PHONE: _____	WORK PHONE: _____

**TRANSPORTATION:** I understand that the School District to which application is made for the Student Applicant is not required to provide transportation for a nonresident pupil who becomes enrolled through the Schools of Choice program or for a resident pupil enrolled in another school district through a Schools of Choice program (except as may be required by federal law.)

I understand that the Student Applicant must meet the same criteria, other than residence, which an applicant who is a resident of the school district must meet for enrollment in a grade, specialized, magnet or intra-district choice school or special program to which admission is requested for this Student Applicant. I understand that the School District may refuse to admit the Student Applicant if the program is not age appropriate for the age of the applicant. I state and declare that all of the information provided in this Application is accurate and true.

I understand that if any of the above information which I have provided is inaccurate, a misrepresentation or otherwise incomplete in any way, that this Application for admission to Laker Schools may be rejected. I also understand that submission of this Application to Laker Schools does NOT guarantee or assure that admission and enrollment will be granted. I understand that I may be required to complete an Authorization To Release Information to the Laker Schools as part of enrollment.

<p>Signature of Parent/Guardian/ Student Applicant if 18 or over:</p>	<p>Date:</p>
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<b>RECEIVING INFORMATION (To be completed by Laker Schools)</b>	
Date Application Received: _____	Signature: _____
Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Parent: If approved, please contact the following building for enrollment processing (offices are open 2 weeks after school ends in June & 2 weeks before school opens in August):	
<input type="checkbox"/> Laker Elementary <input type="checkbox"/> Laker Jr High <input type="checkbox"/> Laker High	