

# Coloma Community Schools

2518 Boyer Road/P.O. Box 550  
Coloma, MI 49038

Student # \_\_\_\_\_  
(School use only)

Superintendent of Schools  
Terry Boguth

Phone: (269)468-2424  
Fax: (269)468-2440

## APPLICATION FOR "SCHOOLS OF CHOICE" FOR 2008-2009 UNDER SECTION 105c LEWIS-CASS AND VAN BUREN COUNTIES

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

SCHOOL DISTRICT YOU RESIDE IN: \_\_\_\_\_ GRADE FOR 2008-09: \_\_\_\_\_

SCHOOLS ATTENDED: PRESENT (07-08): \_\_\_\_\_

PREVIOUS (06-07): \_\_\_\_\_

### Grades K – 6:

Has your child been suspended from school during the past one (1) year? Yes \_\_\_ No \_\_\_

Has your child been suspended from school for a violent or illegal act during the last two (2) years? Yes \_\_\_ No \_\_\_

**Grades 7 – 12:** Has your child been suspended from school in the last two (2) years? Yes \_\_\_ No \_\_\_

**Grades K – 12:** Has your child ever been expelled from school? Yes \_\_\_ No \_\_\_

Do you have any other children enrolled in the Coloma Schools? Yes \_\_\_ No \_\_\_

Does applicant child live in the same household with any other child(ren) who attended Coloma Schools in 2007-08? Yes \_\_\_ No \_\_\_

If you check Yes, please give the other child(ren)'s name(s) and school name in the space(s) below.

Other Students Names

Coloma School Attended in 2007-08

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this student currently or ever been enrolled in special education classes? Yes \_\_\_ No \_\_\_

**NOTE:** Coloma Schools is required to obtain a 105c Special Education Agreement for any Schools of Choice student that resides outside the Berrien County area and is currently receiving special education services from their resident district. If Coloma is unable to obtain this agreement from your child's school district, your child will not be able to attend Coloma Schools under the Schools of Choice program.

SED: \_\_\_\_\_

**IMPORTANT: CONTINUED ON BACK**

*If any of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Coloma Community Schools.*

THIS IS AN APPLICATION ONLY. COMPLETION OF THIS FORM DOES **NOT** GUARANTEE THE STUDENT WILL BE ACCEPTED INTO THE SCHOOLS OF CHOICE PROGRAM.

IF MORE APPLICANTS APPLY THAN SLOTS ARE AVAILABLE, A RANDOM SELECTION WILL OCCUR AS PRESCRIBED BY LAW.

I give permission to the \_\_\_\_\_ School District and the  
(Current School District)

\_\_\_\_\_ School District to release all school records  
(Previous School District - If Different From Above)

to the **Coloma Community Schools** for \_\_\_\_\_.  
(Name of Student)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

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**NOTE: STUDENTS APPLYING FOR GRADES 9 – 12 PLEASE ATTACH A COPY OF YOUR LATEST TRANSCRIPT. STUDENTS APPLYING FOR GRADE 8 PLEASE ATTACH A COPY OF YOUR MOST RECENT REPORT CARD.**

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Return the completed application and requested documentation, if applicable, as soon as possible but no later than **September 5, 2008** to:

Dena Garland  
Coloma Community Schools  
2518 Boyer Road, P.O. Box 550  
Coloma, MI 49038