



**Schools of Choice Almont Community Schools**

**105/105C Application GRADES 6-12 ONLY**

**2024-2025 School Year 1st Semester (application period May 1, 2024 - August 29, 2024)**

Instructions: 6th through twelfth grade students residing in a participating district may apply to attend any other participating public school districts within or contiguous (Genesee, Macomb, Oakland, Sanilac, St. Clair County and Tuscola) to the Lapeer I.S.D. Complete one application for each student. Every question under Section 1 MUST be answered. Completed applications must be sent to ALMONT COMMUNITY SCHOOLS 4701 HOWLAND RD., ALMONT, MI 48003. Applications are due by 3:00 pm on August 29, 2024.

**Section 1 – Must be fully completed by the Student’s Parent/Guardian to be considered:**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex:  Male  Female  
Last First M.I. Month/Day/Year

Student Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street City Zip Code

School Currently Attending: \_\_\_\_\_ Grade in 2024/2025: \_\_\_\_\_

Resident District and County of Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Last First M.I.

Parent/Guardian Address (if different from student address): \_\_\_\_\_  
Street City Zip Code

Parent Email Address \_\_\_\_\_

Reasons for Transfer Request \_\_\_\_\_

Has this student ever been suspended or expelled?  No  Yes If yes, give district, date and reason for suspension or  
expulsion: \_\_\_\_\_

Has this student ever been Special Needs:  No  Yes If yes, please specify and attach current IEP or Section 504 Plan, if  
applicable: \_\_\_\_\_

Has this student ever attended Almont Community Schools in the past?  Yes When? \_\_\_\_\_  No

Is the student currently attending the public school district of choice as a tuition pupil?  No  Yes

Does this student have a brother or sister already attending the school of choice?  No  Yes

Is Parent/Guardian a school employee of the district of choice?  No  Yes

The above information is true and correct to the best of my knowledge and I agree to release my student’s records to the receiving school. I understand that any false information provided by me may be considered grounds for disapproval of this application.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Section 2 – To be completed by Almont Community Schools:**

Upon review of this application, and with consideration to the policies and procedures of the Schools of Choice in Lapeer County for enrollment under this program, this application is:

Approved On the basis of information provided in this application, the above student will be assigned to:  
District/Building: \_\_\_\_\_ Board Approval Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Disapproved Almont Community Schools is unable to approve your request for enrollment in the Schools of Choice  
program for the following reason: \_\_\_\_\_

Signature of Superintendent or Designee: \_\_\_\_\_ Date App. Sent to Building: \_\_\_\_\_

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*Almont Community Schools does not discriminate in any of its educational programs, activities, or employment practices on the basis of race, color, national origin, sex, age, disability, religion, height, weight, or marital status.*



**Almont Community Schools**  
**4701 Howland Rd.**  
**Almont, MI 48003**  
**Phone: 810-798-8561 / Fax: 810-798-2367**

**DISCIPLINARY RECORD RELEASE For School of Choice**

Student Name/Grade/DOB: \_\_\_\_\_

Name of School Requesting Records From: \_\_\_\_\_

School Address: \_\_\_\_\_  
 Street/City/Zip

School Telephone/Fax: \_\_\_\_\_

The above named student has applied to attend Almont Community Schools as a School of Choice student. Please email the students discipline file for the past 2 years of school to amyers@almontschools.org. If there is no discipline on file, please indicate on the bottom of this form and fax back to us.

Final acceptance is contingent upon further review of the student's discipline file and thus, ONLY DISCIPLINE INFORMATION IS NEEDED AT THIS TIME. If accepted as a school of choice student, additional records will be requested under separate cover. Thank you in advance for your assistance.

**Parental Permission**

I hereby authorize the release of all disciplinary records for the above named student to Almont Community Schools. I authorize Almont Community Schools to review these records to determine my student eligibility for enrollment for the upcoming year.

\_\_\_\_\_  
**Parent Signature** **Date**  
 \*\*\*\*\*

\_\_\_\_\_ has/has no (circle one) discipline infractions for the \_\_\_\_\_ and \_\_\_\_\_  
 school years.

\_\_\_\_\_  
 Name/Title / Date

\_\_\_\_\_  
 School District

**Almont Community Schools Office Use Only**

Building \_\_\_\_\_ Verified by/Date \_\_\_\_\_

Application Approved \_\_\_\_\_ Application Denied \_\_\_\_\_

Parent Contacted/Date/Method \_\_\_\_\_  
 call/email/letter