MATTAWAN CONSOLIDATED SCHOOL

56720 Murray Street, Mattawan, MI 49071 | Ph 269.668.3361



2023-2024 SCHOOL OF CHOICE APPLICATION

SCHOOL OF CHOICE TYPE (Please choose one 1)						
Section 105 [In Van Buren County] Section 105 c [Outside Van Buren County] PA 227 [MCS Employee – not third party]	– i.e. Allegan, Berrier	ı, Kalamazo	o, or Lewis-Cass]			
SECTION 1						
Student's Legal Name	Date of Birth		☐ Male ☐ Female		2023-2024 Grade	
Address	City				Zip	
Parent/Guardian Name					Phone Number	
Email:						
What is the student's resident school district?						
What school is the student currently attending	?					
Does the student receive Special Education services? Yes If yes, please explain the plant of the plant o			n:			
Has the student ever been suspended from school for any reason			If yes, please explain:			
Are there any other school-age students living in your household that currently attend Mattawan?			If yes, please list name(s) and grade:			
Please describe a detailed and compelling rea	ason for your transfer i	request, atta	ach any relevant docu	mentation.		
SECTION 4						
AGREEMENT						
By signing below, I understand that incomplete, inaccurate, or false information I have provided may invalidate this transfer. If approved, I acknowledge that transportation will be my sole responsibility. * I agree that my electronic signature is the legally binding equivalent to my handwritten signature; it has the same validity and meaning as my handwritten signature. I will not, at any time, repudiate the meaning of my electronic signature or claim it is not legally binding. For your electronic signature please type your first and last name on the Parent/Guardian Signature line below:						
Parent/Guardian Signature				Date		

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If applicable, Special Ed Supervisor (include comments):	
RECOMMENDATION TO APPROVE:	
Yes No Signature: Puilding Principal/Decimae (include comments):	
Building Principal/Designee (include comments):	
☐ Yes ☐ No Signature:	
Assistant Superintendent:	
☐ Yes ☐ No Signature:	