



## 2025-2026 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 – i.e. Allegan, Berrien, Kalamazoo, or Lewis-Cass]  
☐ PA 227 [MCS Employee – not third party]

### SECTION 1

Student's Legal Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	2025-2026 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Has the student ever been suspended from school for any reason	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Are there any other school-age students living in your household that currently attend Mattawan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name(s) and grade:	

Please describe a detailed and compelling reason for your transfer request, attach any relevant documentation.

### 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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**FOR OFFICE USE ONLY**

If applicable, **Special Ed Supervisor** (include comments):

**RECOMMENDATION TO APPROVE:**

☐ Yes ☐ No Signature: \_\_\_\_\_

**Building Principal/Designee** (include comments):

☐ Yes ☐ No Signature: \_\_\_\_\_

**Assistant Superintendent:**

☐ Yes ☐ No Signature: \_\_\_\_\_