## MATTAWAN CONSOLIDATED SCHOOL

56720 Murray Street, Mattawan, MI 49071 | Ph 269.668.3361



## 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	No. of Part of Lines, Street,	A - 12 May 1		1190	
Student's Legal Name	Date of Birth		☐ Male ☐ Female		2025-2026 Grade
Address	City			Zip	
Parent/Guardian Name Email:				Phone Number	
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:					
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  Yes  If yes, that currently attend Mattawan?			If yes, please list nar	me(s) and (	grade:
Please describe a detailed and compelling reason for your transfer request, attach any relevant documentation.					
SECTION 4	HARAIN AND			99/84	
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 con	iments):
Building Principal/Designee (include comments)	
Yes No Signature:	
Assistant Superintendent:	
☐ Yes ☐ No Signature:	