



2023-2024 SCHOOL OF CHOICE APPLICATION

| SCHOOL OF CHOICE TYPE (Please choose one 1) | | | |
|---|---|--|-----------------|
| <input type="checkbox"/> Section 105 [In Van Buren County] <input type="checkbox"/> Section 105 c [Outside Van Buren County – i.e. Allegan, Berrien, Kalamazoo, or Lewis-Cass] <input type="checkbox"/> PA 227 [MCS Employee – not third party] | | | |
| SECTION 1 | | | |
| Student's Legal Name | Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> 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? | <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 |



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: _____