



**2022-2023
 SCHOOL OF CHOICE APPLICATION**

SCHOOLS OF CHOICE TYPE:
 Please choose one (1)

- Section 105 (In Van Buren County)
- Section 105c (Outside Van Buren County – i.e. Allegan, Berrien, Kalamazoo, or Lewis-Cass)
- PA227 (MCS Employee – *not third party*)

SECTION 1

Student 's Legal Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	2022-2023 Grade:
Address	City	Zip	
Parent/ Guardian			Phone Number:

Email:

SECTION 2

What is the student's resident school district?		
What school is the student currently attending?		
Does the student receive Special Education services?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please explain:</i>		
Has the student ever been suspended from any school within the last two (2) years?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please explain:</i>		
Has the student ever been expelled from any school for any reason?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please explain:</i>		
Are there any other school-age students living in your household that currently attend Mattawan.	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please list name(s) and grade:</i>		

SECTION 3

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):*

Recommendation to Approve:

Yes No

Signature: _____

Assistant Superintendent:

Final Approval: Yes No

Signature: _____