	-	SY
Fall		2 <sup>nd</sup> Semester

## Schools of Choice – Section 105 and 105c NON-RESIDENT APPLICATION Ph. 810-591-4321 Fax 810-591-4341



Faii 2 <sup></sup> Semester	Ph. 810-591-4321 Fax 810-591-4341			Westwood Heights Schools				
TUDENT INFORMATION		GRADE STUDE	NT IS AF	PPLYING	FOR:			
LAST NAME	FIRST NAME			M/F				
CHOOL INFORMATION								
Current/Most Recent School		Street Address						
City	State	Zip		P	Phone			
		P	(include area code)					
ist any additional schools the student has at	tended in the pa	st two (2) years						
THE FOLLOWING SECTION MUST BE COMP	LETED: DO NOT	SKIP THIS SECTION!						
<ul> <li>Has the student been suspended from school for any space is needed, attach a separate page.</li> </ul>	reason within the last	two school years? If yes, provi	de details l	below. If ad	lditional	Yes	No	
<ul> <li>Has the student been expelled or is currently expelle separate page.</li> </ul>	d from school? If yes, p	provide details below. If addition	onal space i	is needed, a	attach a	Yes	No	
Does this student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide a compared to the student have a 504 Plan? If yes, provide to the stude	opy with this application	on.				Yes	No	
Does this student receive special education classroor	n or related services (i.	e., speech, OT, PT)? If yes, pro	vide a copy	y with this a	application.	Yes	No	
PARENT INFORMATION								
Mother/Stepmother/Legal Guardian/Self		Father/Stepfather/L	egal Gu	ardian/9	Self			
(Circle relationship)		(Circle relationship)						
Name:		Name:						
Address:		Address:						
City: State: Zi	p Code:	City:	Sta	ate:	Zip Co	ode:		
Primary Phone:	Cell: Y/N	Primary Phone:			Ce	ell: Y	′ / N	
Email Address:		Email Address:						
Primary Phone: Email Address:	Cell: Y/N  Mother Father  mation provided above derstand that untrue or	City: Primary Phone: Email Address: Both Parents Enro	d	olling Ad d accept the disqualify a	d accept the policies a disqualify and remove	olling Adult/Guardian Ot d accept the policies and conditions disqualify and remove the applicant	Cell: Y  Dlling Adult/Guardian Other  d accept the policies and conditions of disqualify and remove the applicant	
Heights Schools		•				• • • • • • • • • • • • • • • • • • • •	• •	
associated with discipline, behavior and placem								
Signature:		Date:						

For Office Use Only					
Date Received:	Application Status	I	N	Α	Initial
Date Notified:	Notified by:				



## School of Choice – Section 105 and 105c Non-Resident Application Checklist

All applications and support documents must be submitted in person to the Enrollment Office. Late applications and incomplete applications will not be accepted. Gather your support items now!

COMPLETED APPLICATION W/ SIGNATURES
BEHAVIOR HISTORY OR EQUIVALENT
(see School of Choice information Letter)
Transcript (continuing high school students)
Report Card (all other students)
504 Plan, if applicable
IEP, If applicable

If your child is currently eligible for special education programs and services and reside outside of Genesee County, please be aware that Westwood Heights Schools is required to secure a "Cooperative Agreement" regarding reimbursement for special education costs from your resident district before we can register your child in our school district.

If you reside outside Genesee County and your child is found eligible for special education programs and services after admission to Westwood Heights Schools, please be advised that the district is required to obtain a "Cooperative Agreement" regarding reimbursement for special education costs from your resident district in order for your child to remain in our school district. (MCL 388.1705c)(19)

Enrollment Coordinator Gwen Harvey 810-591-4321 enroll@hamadyhawks.net