



Lamphere Schools
www.lamphereschools.org

RETURN COMPLETED APPLICATION FORM TO:

Dale Steen - Superintendent
The Lamphere Schools
31201 Dorchester, Madison Heights, MI 48071
Telephone: 248.589.1990, ext. 2012
Fax: 248.589.2618

SECTION 105 SCHOOL OF CHOICE APPLICATION for the 2019-2020 SCHOOL YEAR

This application should be completed by persons seeking admission to The Lamphere Schools for the 2019-2020 school year, who reside in any Oakland County School District other than The Lamphere Schools.

The Lamphere school district will accept Oakland County students free of charge, on a space availability basis. **Applications must be received by Wednesday, May 8, 2019.**

ONLY ONE STUDENT PER APPLICATION

Grade Student Completed in 2018-2019 _____ Grade of Child in Fall 2019 _____

Student's Name _____ Date of Birth _____ Male _____ Female _____

Parent(s)/Guardian _____

Street Address _____

City and Zip Code _____

Home Phone # _____

Cell Phone # _____

E-mail Address _____

Preferred method of contact () Phone () E-mail

School District of Residence _____

District Attended in 2018-2019 _____

Name of School Attended _____

Do you already have a child attending Lamphere Schools?
() YES () NO

If yes, which school? _____ Grade _____

| | |
|--|--|
| School of Choice program selection: | |
| GRADE (Check one) | Do not write in this space Approved: _____ Date: _____ |
| <input type="checkbox"/> Kdg. <input type="checkbox"/> 1st Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 5th Grade <input type="checkbox"/> 6th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> 8th Grade <input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade | |
| * Preferred Building (Check one) | Do not write in this space <input type="checkbox"/> Parent Notified Date: _____ |
| <input type="checkbox"/> Edmonson (K-5) <input type="checkbox"/> Hiller (K-5) <input type="checkbox"/> Lessenger (K-5) <input type="checkbox"/> Simonds (K-5) <input type="checkbox"/> Page (6-8) <input type="checkbox"/> LHS (9-12) | |
| If the building selected above is unavailable, are you willing to enroll your child in another building in the district? () YES () NO | |
| * Important note: Selecting a specific building above does not guarantee the student's placement in that school. Lamphere Schools will, however, make every effort to place your child based upon the preference indicated above, if openings are available. | |

ADDITIONAL INFORMATION

1. Section 105 Choice is a once per year event.
2. **For grades K-8, student's most recent report card and behavior record must accompany application. For grades 9-12, student's most recent report card, transcript and official behavior record must accompany application . Applications must be received by Wednesday, May 8, 2019.**
3. It is not responsibility of The Lamphere Schools to provide transportation for Section 105 School of Choice Students.
4. The Lamphere Schools will comply with all requirements of 1996 Public Act 30, Section 105, (School of Choice).

5. Does your child require special services? () YES () NO

Please explain: _____

6. Has this student ever had school discipline referrals? () YES () NO

If yes, how many referrals in the past two years? Number of Referrals _____

Reason for referral(s): _____

7. Has this student ever been expelled from **ANY** previous schools? () YES () NO

Please explain: _____

8. Has this student ever been suspended from **ANY** previous schools? () YES () NO

Please explain: _____

8A. Dates and total number of suspensions: _____

9. Reason for making application to The Lamphere Schools? _____

10. How did you hear about The Lamphere Schools' Open Enrollment? Please check all that apply.

- Postcard Yard Sign Newspaper Website Social Media Other

Parent/Guardian Signature: _____ Date _____

Signature above also grants The Lamphere Schools permission to seek student information/records from prior school district.

**FALSE INFORMATION WILL RESULT IN DENIAL OF ENROLLMENT OR ATTENDANCE
IN THE LAMPHERE SCHOOLS.**



THE LAMPHERE SCHOOLS

31201 Dorchester, Madison Heights, MI 48071 • Phone: (248) 589-1990 • Fax: (248) 589-2618

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS FOR SCHOOLS OF CHOICE APPLICANTS

The student identified below has applied for Schools of Choice at The Lamphere Schools. Please send the following student records to the school to the address below.

**PLEASE DO NOT SEND ENTIRE STUDENT CA-60 AT THIS TIME.
WE WILL REQUEST THE DOCUMENTS UPON APPROVAL OF ENROLLMENT.**

- Transcripts(non-official)
- Disciplinary records
- Most current report card

Student Name: _____ Date of Birth: _____
Student Address: _____ Current Grade: _____
City, State, Zip: _____

The Lamphere Schools

31201 Dorchester
Madison Heights, MI 48071
Attn: Denise Sanders
Fax: (248) 589-2618

NAME AND ADDRESS OF THE SCHOOL STUDENT LAST ATTENDED:

School Name: _____
School Address _____
School Phone: _____ School Fax: _____

Parent/Guardian signature: _____ Date: _____



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AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the applicable paragraph, provide all appropriate information, and sign and date this document.

Paragraph 1: The undersigned affirms that _____
has not been suspended, expelled or otherwise un-enrolled from any public or private school in Michigan or any other state for any violation of school policy, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or any school sponsored activity.

Paragraph 2: The undersigned affirms that _____
has been suspended, expelled or otherwise un-enrolled from any public or private school in Michigan or any other state for any violation of school policy, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or any school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

PLEASE NOTE: Any misleading, omitted or incorrect information included on this form may be cause for immediate termination of enrollment.

Student Signature Date

Parent/Guardian Signature Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:

Date copy sent for verification: _____ Sent by: _____

Name of Sending (former) School: _____

Please circle the correct number below:

1. According to our records, we can verify that the information provided above by the parent/student is correct.
2. According to our records, the information provided above by the parent/student is not correct.

If a student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, please forward appropriate documentation.

Date Signature of sending District Administrator and Title Telephone #