



**Lake Shore
Public Schools**

Residency Status

(Please attach 3 items showing proof of residency)

Non-Resident Within District

Student First/Middle/Last Name: _____ Birth Date: ____/____/____

Student Grade for 2018-2019 School Year: _____ Please check if your child has: IEP 504

Parent/Guardian First/Last Name: _____

Phone: _____ Email Address: _____

Address: _____ City: _____ Zip : _____

Do any siblings attend Lake Shore? Yes No If yes, what school ? _____

District in which you live: _____ Last School Attended : _____

How did you hear about us?

TV Newspaper Friend/Family
 Billboard Internet/Social Media Other _____

When submitting application, parent/guardian must provide student discipline report for the entire 2016-2017 and 2017-2018 school years. This must be obtained from the school(s) the student attended during these times.

Has your child been suspended (in or out of school) in the last 2 school years? Yes No

Has your child ever been expelled? Yes No

SCHOOLS OF CHOICE POLICY

RESIDENT STUDENTS: Students shall attend the elementary school in the attendance area in which they reside. Exceptions will be made in accordance with the provisions of board policy.

NON-RESIDENT STUDENTS: The District shall accept applications for enrollment by non-resident applicants residing within the Macomb Intermediate School District. The District shall refuse to enroll a non-resident applicant if the applicant is or has been, within the preceding two years, suspended from another school or if the applicant has ever been expelled from another school.

By signing below, I accept the policies and regulations of Michigan and Lake Shore Public Schools regarding Schools of Choice. I understand that if at anytime it has been discovered that the information provided on this form is inaccurate and/or falsified, my child will be ineligible to attend Lake Shore Public Schools and will be excluded from attendance immediately. I live in Macomb County and am responsible for my child's transportation.

CONDITIONS: All students attending school outside of their attendance areas do so under the following conditions: A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based on intellectual, academic, artistic, or other ability, talent or accomplishment, or lack thereof, or based on a mental or physical disability, unless a similar resident student would also be excluded. A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based upon religion, race, color, national origin, sex, height, weight, marital status or athletic ability, or generally, in violation of any state or federal law prohibiting discrimination. Class size may not exceed district guidelines in order to accommodate choice students. The parent must guarantee positive student attendance and behavior in accordance with district policy. Students causing concern in any of the above areas may be transferred back to their assigned schools based on behaviors outlined in the Student Code of Conduct.

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO

Lake Shore Public Schools Administration Building
 Attn: Veronica Robinson, Schools of Choice Coordinator
 28850 Harper, St. Clair Shores, MI 48081
 Email vrobinson@lsp.s.org or fax to 586-285-8463
 Please call us with any questions you have or to confirm receipt of this form: 586-285-8610

ADMINISTRATIVE USE ONLY

Date Submitted :

NOTES :

Granted Denied

Signature: _____ Date: _____ School Assignment: _____