



SCHOOLS OF CHOICE APPLICATION

Student's Last Name Student's First Name
Student Address
Telephone Student's grade applying for
Student's Date of Birth
Last grade completed Last year in school
School District where currently residing
Does the student receive Special Education services? Attach IBP/MET (if applicable)

Failure to truthfully answer the following questions may result in your ineligibility for Schools of Choice.

Has the student been suspended or expelled? Yes No If yes, please explain.
Has the student ever been convicted of a felony? Yes No If yes, please explain.

a.I understand that, pursuant to Section 105c of the State School Aid Act of 1979, MCL 388.1705c, Oxford Community Schools must have a written cost-sharing agreement with the resident district as to the payment of added costs associated with an out-of-county student's special education programs and services.

The above information is true and correct to the best of my knowledge, and that any false information provided by me may be considered grounds for disapproval.

- I agree to release my student's records to the receiving school.
I understand that parents are responsible for transportation to and from school in a timely manner.
I understand that previous suspensions or expulsions are considered grounds for disapproval this includes suspensions or expulsions through the first day of attendance.
I understand if I move into the Oxford District boundaries, my student will be transferred to the school within their residential boundaries.
I understand if I change my residence, I must inform Student Services within 10 days and provide them proofs of residency 1) current mortgage statement, property tax statement or lease AND 2) current utility with name and address.
\*If you live with a relative, we need relative to sign affidavit and the proofs of residency above.
I understand that I will be notified of school building placement just prior to the start of school.

Parent/Guardian Signature Date
Relationship to Student

Please tell us how you selected Oxford Community Schools:

TV Newspaper Word of Mouth Web Search Friends Family Other

**ADDITIONAL ASSURANCES** *(please initial in space provided)*

\_\_\_\_\_ I acknowledge that I am responsible for transportation to and from school in a timely manner. I understand that if I drop off my child 15 minutes prior to the school day and/or pick up 15 minutes after the end of the school day, the police and/or protective services maybe be notified. *Please contact Oxford Early Childhood Center if you would like to arrange before and after care for your child at your cost.*

\_\_\_\_ I acknowledge that chronic absenteeism and/or tardies will be referred to Oakland County truancy.

\_\_\_\_\_ In Michigan, it is a misdemeanor, punishable by up to 20 days' imprisonment, a fine of \$5 to \$50, or both, to do any of the following:

1. to refuse to give a school census enumerator the necessary information for the compiling of the census;
2. to intentionally give the enumerator false information as to the (a) name or age of a school child or (b) names or residence of the parents or guardians of a school child; or
3. for a school census enumerator to (a) perform his or her duties carelessly or negligently or (b) include in the census list names of school children who are not actually residents of the city or district (Mich. Comp. Laws Serv. § 380.1812).

By signing, I \_\_\_\_\_ acknowledge that I have been made aware of the enrollment, attendance, and transportation requirements for the Oxford Community Schools District.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent signature if student is under 18 years old / Student Signature

\_\_\_\_\_  
Enrollment Date

Approved  Denied

\_\_\_\_\_  
Administration Signature

\_\_\_\_\_  
Date