



## ADDITIONAL INFORMATION

1. A copy of the student's most recent cumulative report card including attendance record must accompany application.
2. The Fowlerville School District is not responsible for providing transportation for Section 105 Schools of Choice students.
3. The Fowlerville School District will comply with all requirements of 1996 Public Act 30, Section 105, (Schools of Choice).

4. Does your child require special services? ☐ YES ☐ NO

Please explain: \_\_\_\_\_

5. If your child has an IEPT, please include a copy of your most recent IEPT. (Special Education - Individualized Education Program Team Report)

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 a previous school? ☐ YES ☐ NO

Please explain: \_\_\_\_\_

8. a.) Has this student ever been suspended from a previous school? ☐ YES ☐ NO

Please explain: \_\_\_\_\_

b.) Dates and total number of suspensions: \_\_\_\_\_

9. Reason for making application to Fowlerville Schools? \_\_\_\_\_

10. How did you hear about Fowlerville Community Schools? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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

**FALSE INFORMATION WILL RESULT IN DENIAL OF ENROLLMENT OR ATTENDANCE IN  
THE FOWLERVILLE COMMUNITY SCHOOL DISTRICT.**

### Notice of Nondiscrimination

It is the policy of Fowlerville Community Schools that the District will not discriminate in its programs, services, or activities against any person based on race, color, national origin, gender, disability, or age. Inquiries or complaints related to discrimination should be directed to:

The Assistant Superintendent of Schools  
Fowlerville Community Schools,  
7677 W. Sharpe Rd, Suite A  
Fowlerville, Michigan 48836  
(517) 223-6027

## TEMPORARY RESIDENCE STATEMENT

*This form helps determine eligibility under the federal McKinney-Vento Act. **Only 1 form per FAMILY needed.***

**Name of Student(s):** \_\_\_\_\_

**Name of Parent/Guardian/Caretaker (write NA if unavailable):** \_\_\_\_\_

1. **The student(s) temporarily stay(s) in one of the following situations:**

- ☐ Emergency shelter or transitional housing program
- ☐ Motel/hotel
- ☐ Shares housing (doubled up or "couch surfing") with family or friends **due to loss of housing, economic hardship or similar reasons** such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death.
- ☐ Substandard housing, campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, and bus or train stations; or abandoned in a hospital.
- ☐ Another situation that is not fixed, regular or adequate: \_\_\_\_\_

2. **The reason for this living situation is:**

- ☐ Unemployment      ☐ Evicted      ☐ Inadequate income      ☐ Fire/Natural disaster
- ☐ Kicked out      ☐ Family conflict      ☐ Unsafe conditions      ☐ Other: \_\_\_\_\_

3. **Since this date:** \_\_\_\_\_, I have lived in this **temporary** address:

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

4. **Please initial each paragraph below and sign:**

I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution. \_\_\_\_\_

The Education Project staff respects a client's right to privacy. To ensure the best services possible and compliance with federal law and state grant data reporting requirements, I give permission to the Education Project staff to release and exchange information with school staff (i.e. the McKinney-Vento liaison, pupil accounting, school transportation staff, school social workers, counselors, etc.) and community agencies that are assisting the student(s) or being asked to assist the student(s) as needed. This consent is voluntary and subject to revocation at any time. \_\_\_\_\_

I give permission to the Education Project staff to provide services for the student(s) listed above including but not limited to releasing and exchanging information to provide the student(s) with transportation (including public transportation) if and when needed as found in the best interest of the student(s). \_\_\_\_\_

I understand that this consent is valid for the remainder of the school year and I have received a copy and an explanation of the student's rights under the McKinney Vento Act. \_\_\_\_\_

Signature & Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_

## Transportation Request Form 2022-2023 School of Choice

**IS BUSING NEEDED?** \_\_\_\_\_, **AM** \_\_\_\_\_, **PM** \_\_\_\_\_, **BOTH** \_\_\_\_\_.

If you answered YES to busing needed, please continue; if you answered NO, you've completed this form.

Student's Name \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Transportation of School of Choice students to and from Fowlerville Schools is the **responsibility** of the parent. You may take your student to the nearest qualifying bus stop approved by the Fowlerville school district. If your bus stop is approved, please allow 5 school days for processing.

★ **Please call the Transportation Office for times and nearest bus stop (517) 223-6122.**

The above privileges must not cause any changes in the bus route, overload any bus, or result in additional costs to the District. If any of these conditions occur, transportation may be terminated. Parents will be given five days' notice prior to the cancellation of ridership.

**Transportation Request Forms must be submitted annually.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_