

FORM # DD

**GWINN AREA COMMUNITY SCHOOLS
GWINN, MICHIGAN 49841
(906) 346-9283**

**MARQUETTE-ALGER SCHOOLS OF CHOICE PROGRAM
APPLICATION FORM**

Please complete the following information and submit to the Gwinn Area Community School District no later than Friday, January 26, 2018. The date of enrollment shall be no later than Friday, February 2, 2018.

Name of Student _____

Grade in which the student wishes to enroll _____

Current school district _____

School scheduled to attend in current district _____

Has the student ever been suspended or expelled from school?

() No () Yes (If yes, please provide a copy of the plan with this application.)

Identify other school-aged children currently in the home who are in the _____
District; please list names and grades:

<u>Name</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____

Information on Custodial Parent

Name _____

Address _____

City _____ Zip _____

Telephone (home) _____ Telephone (work) _____

Signature: _____ Date: _____

It is the policy of this District that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, disability, height, weight, or other protected categories.