

**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 Thursday, August 31, 2017. The date of enrollment shall be no later than Friday, September 8, 2017.

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.**