Lake Shore Public Schools - Schools of Choice Application 2018/2019

Student Name (one student per form	, ,
Parent Name	Date of Birth
Address	
City &Zip	
Home Phone	Cell or Work Phone
Your Resident District	Current School
*Grade Level Requested	
Sibling(s) at Lake Shore? Y N	(Please circle one) **(Required elementary only)
I heard about Lake Shore from: □F □Other	riend/Family Member 🗆 Newspaper 🗇 Website
	pended or expelled in the past two years.
I verify that the above information is a acceptance or immediate dismissal of	accurate. Providing any type of false information will result in non- any accepted student.
Parent Signature	Date

It is the policy of the Lake Shore Board of Education that no person shall be discriminated against on the basis of race, color, national origin, age, gender, marital status, handicap, or disability.

- Once an applicant is accepted, he/she *will not be required* to apply annually.
- Applicants **must** be residents of Macomb County.
- Application is valid only if it meets all requirements, is properly completed and signed.
- False information will void application and student's privilege to attend.
- The district is *not responsible* for transportation of Schools of Choice students.
- Students expelled or suspended in the past two

years will not be admitted as Schools of Choice students.

For students who have moved out of the district-

Checklist for a complete application:

- ☐ Complete & Sign application form.
- Provide 3 items showing proof of residency in Macomb County

Return all items to:

Veronica Robinson Lake Shore Public Schools 28850 Harper Ave. St. Clair Shores, MI 48081 Fax: 586-285-8610 vrobinson@lsps.org

LAKE SHORE PUBLIC SCHOOLS

SCHOOLS OF CHOICE FOR MACOMB COUNTY RESIDENTS

Kindergarten through Grade 11 For information please call 586-285-8484

2018/2019 SCHOOL YEAR



"We build successful futures for all — one student at a time."

and PROCEDURES

Shannon Ketelhut Board President Dr. Joe DiPonio Superintendent