



Superintendent, Dr. Arthur Ebert
Assistant Superintendent, Ms. Nicole Airgood

School of Choice 2021-2022

Sturgis Public Schools is offering unlimited School of Choice programming for 2021-2022.

Question: I am looking at the School of Choice program. What do I do now?

Answer: The best thing to do is to call Karen Stimson at 269-659-1502. She is located in the District Office at Sturgis Central Commons. You can get all of your questions answered and pick up an application packet or request mail delivery.

Question: What is the overall process for enrolling in the School of Choice program?

Answer:

1. Submit your child's completed application at Sturgis Central Commons ASAP.
2. Receive notification of acceptance or non-acceptance from Sturgis Public Schools after the district has reviewed your child's application.
3. Complete the necessary enrollment forms at the school listed on your acceptance letter.

Question: What if I live in Branch, Calhoun, Cass, Kalamazoo, or Van Buren Counties?

Answer: There is a program agreement between counties, however there are two windows for acceptance per year for out-of-county application, and the same restrictions apply. Call the number above for more information.

Return completed form to your Choice School Superintendent's Office ASAP.	St. Joseph County Schools of Choice Application	If you have questions, please contact you Choice School Superintendent's Office
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District Choice: (Where the student would like to go to school)

Student Name	Birthdate:
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Address, City, State, Zip

School District in which you live:	Grade:
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Where did the student last attend school?

Has the student been suspended from another school <u>within the last 2 school years</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student <u>ever</u> been expelled from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student <u>ever</u> been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent of Guardian Name:

Parent/Guardian Address, City, State, Zip

Home Phone:	Cell Phone:
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Name and grade of student's siblings who are already attending <u>Choice</u> School District:

By signing below, I acknowledge that I understand the rules, regulations, grading system, and graduation requirements of my Choice School District; I agree to abide by the School of Choice District's requirements; and I agree to provide proof of birthdate and immunization records to the School of Choice at the time of registration. Any misleading or incorrect information provided on this form will void this application.

Parent/Guardian Signature: X _____	Date: _____
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Student (if over 18) Signature: _____	Date: _____
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No person on the basis of race, color, height, weight, marital status, national origin, gender, age, disability, religion, genetic information, or any other legally protected status will be discriminated against, excluded from participation in, or otherwise subjected to discrimination in any school district in St. Joseph County.

RECORD RELEASE FORM

In compliance with the Family Educational Rights and Privacy Act (FERPA), I hereby permit _____
(current school)

to release the records or copy of records of _____ to _____
(student) (choice school)

Parent/Guardian Signature: X _____	Date: _____
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As the student's records are necessary in program planning, we are requesting that you include any special help information (psychological, placement in remedial or accelerated programs, etc). We thank you in advance for your prompt reply.

FOR CHOICE SCHOOL USE ONLY

Applicant Accepted for Enrollment - Contacted family (attached copy of "Notification of Acceptance" Letter).

Applicant Not Accepted for Enrollment - Contacted family (attached copy of "Notification of Non-Acceptance" Letter).

Choice School's Representative Signature: _____	Date: _____
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