

## How did you hear about us? Word of mouth (\_\_\_) District Website (\_\_\_) On-Line Advertising (\_\_\_)

## Gibraltar School District School of Choice Enrollment Form105c (outside of Wayne County) 2017/2018 School Year

Date		
Student's Name	Grade attende	d last fall
Street address	City	
County Zip Code Home Phone ()	Cell Phone	(_)
ather's Full Name Preferred Phone ()		ne ()
Mother's Full Name	Preferred Phone ()	
Guardian's Name	Preferred Phor	ne <u>()</u>
Email Address		
In what school district do you reside? (i.e. district that red	ceives your school taxes) _	<del></del> -
With whom does the student live?	Student's date of birth	<del></del>
Does the student have other siblings who attend the G		
Does student require Special Education Services? Y	es No Date of cur	ent IEPC
Name of school and district attended last year.		
Any other students applying for school of choice?Y	esNo	
If Yes, Student(s) name & current grade:		
Has student been suspended from school?YesN	0	
If yes, indicate the reason and length of the suspension	1	
Has student ever been expelled from school? Yes _	_ No	
If yes, indicate the reason and date of the expulsion		<del></del>
The Gibraltar School District has the right to refuse been suspended within the preceding two years or		- <del>-</del>
I, the undersigned, certify that the information on this application form is accurate or incomplete information may jeopardize the applicant's admissic accepted, to abide by the rules, regulations, and policies of the Gibraltar School Schools of Choice legislation and as issued by the Department of Education. understand that as a 105c student (nonresident in a contiguous ISD) the enrollin agreement with the district of residence. The Gibraltar School District will not pr	on eligibility. I also agree, in the District as well as the rules and In the event that Special Educated g school district may refuse enro	ne event this application is regulations set forth in the tion Services are needed, I Ilment if there is no written
By signing your name below, you are acknowledging th	e above mentioned sta	itements are true.
		Office II O 1
Signature of Parent/Guardian or 18 year old student	 Date	Office Use Only: School:
organicare of rate in grant data of 10 year old student	Duit	Approval: