

II. School of Choice Request - 2009-2010

Please contact your school district of choice to determine which grades, programs and buildings are open to schools of choice students for 2009-2010.

Linden Community Schools

List Name of SCHOOL DISTRICT Requested for Student – 2009-2010

PLEASE STATE REASONS FOR MAKING THIS CHOICE:

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES? Yes _____ No _____

What type of services? _____

"I have read and agree to the terms of the 105c Schools of Choice Program. I have not applied or requested to enroll my child in any other school district for the 2009-2010 Schools of Choice Program other than my choice listed above. All information I have provided in this application is true and correct. I understand that providing any false information on this application may be sufficient grounds for denial."

Parent/Guardian Signature Date

III. 2008-2009 – Current School/Enrollment Information

School District Student Attended in 2008-2009

School Building Student was Enrolled in for 2008-2009

Grade in 2008-09

High School Student-Number of Credits Earned to Date

WITHIN THE LAST TWO YEARS:

Has Student Been Suspended? ___ Yes ___ No

(If Yes, Provide Date: _____ Reason: _____)

Has Student Been Expelled? ___ Yes ___ No

(If Yes, Provide Date: _____ Reason: _____)

Has Student Withdrawn from School? ___ Yes ___ No

(If Yes, Provide Date: _____ Reason: _____)

"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports, pursuant to this application to the district to which I am applying as a School of Choice 105c for 2009-2010."

Parent/Guardian Signature Date