

ROSCOMMON AREA PUBLIC SCHOOLS
Schools of Choice Application - Section 105
Open Enrollment Window

☐ Fall or ☐ Second Semester School Year: _____

Please consider this request to have my child attend the Roscommon Area Public Schools under the Schools of Choice option.

Child's Name: _____ **DOB:** _____ **Entering Grade:** _____

School District of Residency: _____

District Currently Attending: _____

Has your child been suspended in the last 2 years? ☐ Yes ☐ No

List name of Student, School, and reason: _____

Has your child(ren) ever been expelled? ☐ Yes ☐ No

List name of Student, School, and reason: _____

Parent's Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

I understand that enrollment requests are subject to space availability as determined by the Superintendent and that transportation to the Roscommon Area Public Schools is not provided. Parents must make arrangements to get their child either directly to school, or to the nearest Roscommon Area Public Schools bus stop. I hereby authorize the release of all discipline records for the above-named student to Roscommon Area Public Schools.

Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

☐ Approved or ☐ Denied If denied, please state reason: _____

Principal Signature: _____ **Date:** _____

Parent Notified by:

☐ Phone ☐ Email ☐ In Person ☐ Other: _____

Staff Signature: _____ **Date:** _____