



## LINDEN COMMUNITY SCHOOLS

Schools of Choice section **105/105c\***

2024-2025 Application

GRADES K-12 UNLIMITED

All applications for **Grades K-12 will be accepted February 26 – August 14, 2024.**

Completed applications must be turned in to Linden Community Schools' Administration Office, 7205 W. Silver Lake Rd, Linden, by 3:00 pm, Wednesday, August 14, 2024. Applications may also be faxed to (810) 591-5587 or emailed to [jbentley@lindenschools.org](mailto:jbentley@lindenschools.org). Failure to meet this deadline may result in denial of request. Notification of acceptance/denial will be no later than the end of the first week of school. Upon notification of acceptance, student is required to be enrolled by the end of the first week of school. Transportation will be the responsibility of the parent/legal guardian. Please call Jennifer Bentley (810) 591-0986 with questions.

### STUDENT INFORMATION (PLEASE PRINT)

_____ Last Name	_____ First Name	_____ Middle Initial	_____ School District of Residence	
_____ Street Address		_____ City	_____ Zip Code	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Month/Day/Year
_____ School District/Building Student Attended in 2023-24		_____ Grade for 2023-24	_____ Number of High School Credits Earned to Date	
Grade for 2024-2025 _____				

Does your student receive Special Education services? ☐ Yes ☐ No

If yes what type of services? \_\_\_\_\_

Please state your reason(s) for choosing Linden Community Schools:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Within the last two years **(Required)**:

Has Student Been Suspended? ☐ Yes ☐ No

If Yes, Provide Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Has Student Been Expelled? ☐ Yes ☐ No

If Yes, Provide Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**Has Student Been Convicted of a Felony?** ☐ Yes ☐ No

If Yes, Provide Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**Has Student Withdrawn from School?** ☐ Yes ☐ No

If Yes, Provide Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**SIBLING(S) INFORMATION:**

List the full name and grade of siblings currently enrolled in or applying to the Schools of Choice 105/105c program. (A separate application must be submitted for each student)

\_\_\_\_\_  
Sibling Name Sibling Grade

\_\_\_\_\_  
Sibling Name Sibling Grade

**PARENT/LEGAL GUARDIAN INFORMATION:**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Email Address

***"I have read and agree to the terms of the 105/105c Schools of Choice Program. I have not applied or requested to enroll my child in any other school district for the 2024-2025 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."***

***"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 105/105c for 2024-2025."***

\_\_\_\_\_  
Parent/Guardian Signature **REQUIRED** Date

**\*Section 105 – Schools within Genesee County**

**\*Section 105c – Contiguous Counties (Lapeer, Livingston, Oakland, Saginaw, Shiawassee, Tuscola)**

**TRANSPORTATION TO AND FROM SCHOOL IS THE RESPONSIBILITY OF THE PARENT.**