



**Oak Park School District**

ADMINISTRATION BUILDING: 13900 GRANZON • OAK PARK, MICHIGAN 48237-2799  
TELEPHONE: (248) 336-7708 • TELEFAX (248) 336-7738  
ANGELA SMITH  
Student Services Coordinator

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**2011/2012 APPLICATION for SECTION 105 & 105c SCHOOL of CHOICE**

*Applications must be returned to Oak Park School District, 13900 Granzon, Oak Park MI. 48237.*

*Please Note: A detailed behavior report and/or letter must be submitted with this application. For further explanation, please call (248) 336-7708.*

**ONLY ONE STUDENT PER APPLICATION**

Date of Application: \_\_\_\_\_ Application to Attend Grade: \_\_\_\_\_

Applicant/ Student Information

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

School District of Residence \_\_\_\_\_ Last District Attended \_\_\_\_\_

Last School Building Attended: \_\_\_\_\_ Phone Number \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

**Siblings (brothers/sisters): Circle the name of the sibling(s) now attending Oak Park through Schools of Choice.**

1. Name \_\_\_\_\_ Age \_\_\_\_\_ 3. Name \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ 4. Name \_\_\_\_\_ Age \_\_\_\_\_

The law provides districts the opportunity to deny enrollment to a student who has been suspended or expelled. If the District receives your child's school records indicating a suspension or expulsion and it is not identified on this application, the District reserves the right to deny your child's acceptance through School's of Choice. Has your child been suspended or expelled within the preceding two (2) school years? Yes  No

**If yes, please explain each instance.**

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**VERIFICATION OF SPECIAL EDUCATION SERVICES:** If your child is coming into the Oak Park Schools from another school district, please indicate any special services your child received from the former school district.

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**Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address:

\_\_\_\_\_

Street	City	State	Zip
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Telephone Number: \_\_\_\_\_

Home	Work	Cell
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Email Address: \_\_\_\_\_

**Parent/Guardian Signature for Release of Information**

I hereby grant permission for all educational records, files and data of the above-named student to be released to the Oak Park School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Questions regarding this form may be directed to Angela Smith at 248-336-7708.*

**For Office Use Only:**  Sibling Enrolled  Nonresident who has been enrolled  Accept  Denied