

Detroit Public Schools

“PUBLIC SCHOOL CHOICE TRANSFER OPTION”

REGISTRATION APPLICATION 2011 - 2012

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Student Name:

**School Name:
ID #:**

Print all the information requested accurately and clearly.

Complete one application per child. Check **ONLY Option 1 or Option 2**. Return this signed registration form to the Office of Title I/Section 31a Compliance on or before the **deadline of Friday, September 23, 2011** in the enclosed envelope or hand-deliver to:

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**DETROIT PUBLIC SCHOOLS
Office of Title I/Section 31a Compliance
3011 W. Grand Blvd. Fisher Bldg. 4th Floor, Suite 450
Detroit, MI 48202
Call Center: (313) 873-3215**

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Student's Name: _____	Student ID#: _____	
Address: _____	Zip: _____	New Address: Yes () No ()
Home Phone: (____) _____ - _____	Alt. or Cell # : (____) _____ - _____	
Parent/Guardian Name: _____		
Name of School: _____	Grade: _____	DOB: _____
My child is currently enrolled in Special Education at a Detroit Public School: Yes () No ()		

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IF YOU CHOOSE THE PUBLIC SCHOOL CHOICE TRANSFER OPTION, YOU CANNOT CHANGE TO SUPPLEMENTAL EDUCATIONAL SERVICES. THE SCHOOL YOUR CHILD WILL TRANSFER TO DOES NOT OFFER SUPPLEMENTAL EDUCATIONAL SERVICES. FAXED APPLICATIONS WILL NOT BE ACCEPTED

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<p><u>Parent/Guardian Statement:</u></p> <p>I have received and understand the information regarding the PUBLIC SCHOOL CHOICE TRANSFER OPTION and I have selected an option below:</p> <p><input type="checkbox"/> OPTION 1: First Choice of School: I choose _____ School Name</p> <p>Second Choice of School: I choose _____ School Name</p> <hr/> <p><input type="checkbox"/> OPTION 2: I choose NOT to enroll my child in the CHOICE TRANSFER Program.</p>

Parent/Guardian Signature

Date

By signing this form, (1) I understand that my child will only receive the services that he/she is eligible for, and (2) I give Detroit Public Schools permission to share my child's information given above with the school that I choose to transfer.