



CASSOPOLIS PUBLIC SCHOOLS

**Cassopolis Public Schools
Administration Office**
725 Center Street
Cassopolis, MI 49031
Phone: 269-445-0500
Fax: 269-445-0505
www.cassopolis.k12.mi.us

Superintendent
Dr. Angela Piazza
269-445-0503

Sam Adams Elementary School
114 S. Depot Street
Cassopolis, MI 49031
Phone: 269-445-0517
Fax: 269-445-0521

Principal
DeeAnn Melville-Voss
Phone: 269-445-0515

Assistant Principal
Debora Stermer
Phone: 269-445-0530

Ross Beatty Jr./Sr. High School
22721 Diamond Cove Street
Cassopolis, MI 49031
Phone: 269-228-5833
Fax: 269-445-3112

Principal
David VanLue
Phone: 269-445-0506

Dean of Students/Athletic Director
Matthew Brawley
Phone: 269-445-0543

Adult/Alternative Education
725 Center Street
Cassopolis, MI 49031
Phone: 269-445-0536
Fax: 269-445-2100

Director
Jeff Wernette

Special Education Director
Sara Park
Phone: 269-445-0503
Fax: 269-445-0505

APPLICATION FOR SCHOOLS OF CHOICE

CHILD'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PARENTS' NAME(S): _____

CHILD'S PRESENT DISTRICT: _____

CHILD'S PRESENT SCHOOL: _____

GRADE LEVEL FOR _____: _____
(School year)

Has your child been suspended or expelled from school in the last two years? ___

Do you have any other children enrolled in Cassopolis Public Schools? _____

Is there anything you would like for us to know about your child? _____

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At present, there are no plans for transportation. However, depending on your area of residence, interest from your area, etc., transportation may be an option.

If any of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Cassopolis Public Schools.

I give permission to the _____ school district to release all school records to Cassopolis Public Schools for

(Name of student)

(Parent Signature)

Date

(Principal Signature & bldg. level approval)

Date

(Superintendent Signature & Approval)

Date

(revised 7/17)