



Cassopolis Public Schools

725 Center Street • Cassopolis, MI 49031
(269) 445-0503 • Fax: (269) 445-0505

Tracy D. Hertsel
Superintendent

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? _____

.....
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 7/12)