## Schools of Choice Student Enrollment Application

## SCHOOL YEAR FOR WHICH YOU ARE APPLYING: 2024-2025

**INSTRUCTIONS:** Students who do not live in the Caro Community School District may apply through School of Choice to attend. **Transportation for out of district students <u>must</u> be provided by student/parent/guardian or student must be transported to the nearest Caro bus stop. <u>Complete one application for each student.</u> The completed application must be sent to Caro Community Schools. You will be notified of approval or disapproval.** 

				Female Male
Student Name (Last, First, Middle Initial)		Birthdate		(Circle One)
Address		City	St	ate Zip Code
Name of school district that stude	Grade	_		
Has the student been suspended or ex	pelled from school in the	last two years? Ye	s No (If yes	, when & why?)
Year Suspended/Expelled		Reason		
Year Suspended/Expelled Reason				
		( )	(	)
Parent/Guardian Name (Last, First, Middle Initial)  Cell Phone #			e #	Home/Work Phone #
List other children living in the above	household:			
Name of Student	Grade	Name of Student		Grade
Name of Student	Grade	Name of Student		Grade
Name of Student	Grade	Name of Student		Grade
The above information is true and corn has attended to release my student's			ize all school di	istricts which my student
Signature of Parent/Guardian/Adult Student			_	Date
Upon review of this application and wment under this program, this applica		policies and procedu	ures of the Scho	ools of Choice for enroll-
Signature of	Superintendent/Designee		_	Date