



**Lamphere Schools**  
www.lamphereschools.org

**RETURN COMPLETED APPLICATION FORM TO:**

Dale Steen - Superintendent  
The Lamphere Schools  
31201 Dorchester, Madison Heights, MI 48071  
Telephone: 248.589.1990, ext. 2012  
Fax: 248.589.2618

**SECTION 105 SCHOOL OF CHOICE APPLICATION  
for the 2018-2019 SCHOOL YEAR (SECOND SEMESTER)**

This application should be completed by persons seeking admission to The Lamphere Schools for the 2018-2019 school year, who reside in any Oakland County School District other than The Lamphere Schools.

The Lamphere school district will accept Oakland County students free of charge, on a space availability basis. **Applications must be received by Monday, January 28, 2019.**

**ONLY ONE STUDENT PER APPLICATION**

Grade Student Completed in 2017-2018 \_\_\_\_\_ Grade of Child in Fall 2018 \_\_\_\_\_

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

Parent(s)/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Preferred method of contact ( ) Phone ( ) E-mail

School District of Residence \_\_\_\_\_

District Attended in 2017-2018 \_\_\_\_\_

Name of School Attended \_\_\_\_\_

Do you already have a child attending Lamphere Schools?  
( ) YES ( ) NO

If yes, which school? \_\_\_\_\_ Grade \_\_\_\_\_

<b>School of Choice program selection:</b>	
<b>GRADE (Check one)</b>	
<input type="checkbox"/> Kdg.	<b>Do not write in this space</b> Approved: _____  Date: _____
<input type="checkbox"/> 1st Grade	
<input type="checkbox"/> 2nd Grade	
<input type="checkbox"/> 3rd Grade	
<input type="checkbox"/> 4th Grade	
<input type="checkbox"/> 5th Grade	
<input type="checkbox"/> 6th Grade	
<input type="checkbox"/> 7th Grade	
<input type="checkbox"/> 8th Grade	
<input type="checkbox"/> 9th Grade	
<input type="checkbox"/> 10th Grade	
<input type="checkbox"/> 11th Grade	
<input type="checkbox"/> 12th Grade	
<b>* Preferred Building (Check one)</b>	
<input type="checkbox"/> Edmonson (K-5)	<b>Do not write in this space</b> <input type="checkbox"/> Parent Notified  Date: _____
<input type="checkbox"/> Hiller (K-5)	
<input type="checkbox"/> Lessenger (K-5)	
<input type="checkbox"/> Simonds (K-5)	
<input type="checkbox"/> Page (6-8)	
<input type="checkbox"/> LHS (9-12)	
If the building selected above is unavailable, are you willing to enroll your child in another building in the district? ( ) YES ( ) NO	
<b>* Important note:</b> Selecting a specific building above does not guarantee the student's placement in that school. Lamphere Schools will, however, make every effort to place your child based upon the preference indicated above, if openings are available.	

## ADDITIONAL INFORMATION

1. Section 105 Choice is a once per year event.
2. **For grades K-8, student's most recent report card and behavior record must accompany application. For grades 9-12, student's most recent report card, transcript and official behavior record must accompany application . Applications must be received by Monday, January 28, 2019.**
3. It is not responsibility of The Lamphere Schools to provide transportation for Section 105 School of Choice Students.
4. The Lamphere Schools will comply with all requirements of 1996 Public Act 30, Section 105, (School of Choice).

5. Does your child require special services? ( ) YES ( ) NO

Please explain: \_\_\_\_\_

6. Has this student ever had school discipline referrals? ( ) YES ( ) NO

If yes, how many referrals in the past two years? Number of Referrals \_\_\_\_\_

Reason for referral(s): \_\_\_\_\_

7. Has this student ever been expelled from ANY previous schools? ( ) YES ( ) NO

Please explain: \_\_\_\_\_

\_\_\_\_\_

8. Has this student ever been suspended from ANY previous schools? ( ) YES ( ) NO

Please explain: \_\_\_\_\_

\_\_\_\_\_

8A. Dates and total number of suspensions: \_\_\_\_\_

9. Reason for making application to The Lamphere Schools? \_\_\_\_\_

\_\_\_\_\_

10. How did you hear about The Lamphere Schools' Open Enrollment? Please check all that apply.

Postcard     Yard Sign     Newspaper     Website     Social Media     Other

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

*Signature above also grants The Lamphere Schools permission to seek student information/records from prior school district.*

**FALSE INFORMATION WILL RESULT IN DENIAL OF ENROLLMENT OR ATTENDANCE  
IN THE LAMPHERE SCHOOLS.**



# THE LAMPHERE SCHOOLS

31201 Dorchester, Madison Heights, MI 48071 • Phone: (248) 589-1990 • Fax: (248) 589-2618

## AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS FOR SCHOOLS OF CHOICE APPLICANTS

The student identified below has applied for Schools of Choice at The Lamphere Schools. Please send the following student records to the school to the address below.

**PLEASE DO NOT SEND ENTIRE STUDENT CA-60 AT THIS TIME.  
WE WILL REQUEST THE DOCUMENTS UPON APPROVAL OF ENROLLMENT.**

- Transcripts(non-official)
- Disciplinary records
- Most current report card

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student Address: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**The Lamphere Schools**

31201 Dorchester  
Madison Heights, MI 48071  
Attn: Denise Sanders  
Fax: (248) 589-2618

**NAME AND ADDRESS OF THE SCHOOL STUDENT LAST ATTENDED:**

School Name: \_\_\_\_\_  
School Address \_\_\_\_\_  
School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the applicable paragraph, provide all appropriate information, and sign and date this document.

Paragraph 1: The undersigned affirms that \_\_\_\_\_  
has not been suspended, expelled or otherwise un-enrolled from any public or private school in Michigan or any other state for any violation of school policy, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or any school sponsored activity.

Paragraph 2: The undersigned affirms that \_\_\_\_\_  
has been suspended, expelled or otherwise un-enrolled from any public or private school in Michigan or any other state for any violation of school policy, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or any school sponsored activity.

If you checked paragraph 2, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: Any misleading, omitted or incorrect information included on this form may be cause for immediate termination of enrollment.**

\_\_\_\_\_  
Student Signature Date

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

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:**

Date copy sent for verification: \_\_\_\_\_ Sent by: \_\_\_\_\_

Name of Sending (former) School: \_\_\_\_\_

Please circle the correct number below:

1. According to our records, we can verify that the information provided above by the parent/student is correct.
2. According to our records, the information provided above by the parent/student is not correct.

If a student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, please forward appropriate documentation.

\_\_\_\_\_  
Date Signature of sending District Administrator and Title Telephone #