

**WATERFORD SCHOOL DISTRICT 2024/2025 SCHOOLS OF CHOICE APPLICATION**  
**APPLICATIONS WILL BE ACCEPTED JANUARY 10, 2024 THROUGH AUGUST 30, 2024**  
**JUNIOR KINDERGARTEN / KINDERGARTEN**

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent(s)/Guardian(s) email address: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Male  Female  JK  Kdg.

Parent/Guardian Name (Please print): \_\_\_\_\_

Does the student have a parent who resides within the boundaries of the Waterford School District? Yes  No

Other siblings applying? Yes  No  How many? \_\_\_\_\_ Siblings currently attending? Yes  No

If yes, what grade level \_\_\_\_\_ and building \_\_\_\_\_

Does student speak English? Yes  No  If no, what language does the student speak? \_\_\_\_\_

Primary Language spoken in the home, if other than English? \_\_\_\_\_

Does this student have any special needs? (Please list in detail special classes and support services, i.e., speech, has an IEP, 504, gifted/talented: \_\_\_\_\_

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**SCHOOLS OF CHOICE GUIDELINES ARE ATTACHED TO THIS APPLICATION**

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**NOTE:** *Not all buildings will have space available for Schools of Choice, therefore, please indicate your preferences.*

1st Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Will you accept a placement in a different Waterford School? Yes  No

*By signing below I certify all of the information provided above to be true, and I acknowledge and accept the policies and stipulations of the Waterford School District Schools of Choice program. I understand untrue or incomplete information will result in the removal of the applicant from Waterford School District programs. I give permission to the Waterford School District to contact my student's previous school regarding their disciplinary record.*

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

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**ADMINISTRATION**

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Building Placement: \_\_\_\_\_ Grade: \_\_\_\_\_

School District Administration: Approved  Denied

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Waterford School District – Central Enrollment – Phone: 248-681-2076 Fax: 248-681-2193**