WATERFORD SCHOOL DISTRICT 2023/2024 SCHOOLS OF CHOICE APPLICATION APPLICATIONS WILL BE ACCEPTED JANUARY 11, 2023 THROUGH SEPTEMBER 1, 2023 JUNIOR KINDERGARTEN / KINDERGARTEN		
Student Name:		(Middle)
	ty:	
Home Phone #: Cell #:		
Parent(s)/Guardian(s) email address:		
Student's Birth Date:	$_$ Male \square Female \square	JK 🗆 Kdg. 🗆
Parent/Guardian Name (Please print):		
Does the student have a parent who resides within the boundaries of the Waterford School District? Yes $\ \square$ No $\ \square$		
Other siblings applying? Yes 🗌 No 🗌 How many?	Siblings currently attend	ing? 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:		
SCHOOLS OF CHOICE GUIDELINES ARE ATTACHED TO THIS APPLICATION		
NOTE: Not all buildings will have space available for Schools of Cho	ice, therefore, please indicate y	our preferences.
1st Choice:		
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:	
ADMINISTRATION		
Building Placement: School District Administration: Approved	Grade: Denied 🗌	
Administrative Signature:	Date:	
Return to: Waterford School District – Central Enrollment – Phone: 248-681-2076 Fax: 248-681-2193		