WATERFORD SCHOOL DISTRICT 2020/2021 SCHOOLS OF CHOICE APPLICATION APPLICATIONS ACCEPTED August 5 – September 3, 2020 STEM ACADEMY 9th – 12th GRADE ONLY

Student Name:____ (First) (Middle) _____ City:_____ Zip: _____ Street Address: Home Phone #: _____ Cell #: _____ Work #:____ Parent(s)/Guardian(s) email address: ____ Student's Birth Date:_____ Male Female 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, special education, 504, gifted/talented: SCHOOLS OF CHOICE GUIDELINES ARE ATTACHED TO THIS APPLICATION NOTE: Not all buildings will have space available for Schools of Choice, therefore, please indicate your preferences. _____ 2nd Choice: _____ Will you accept a placement in a different Waterford School? Yes 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: _ **ADMINISTRATION** Grade:___ Building Placement: _____ School District Administration: Approved Denied Administrative Signature: Return to: Waterford School District - Central Enrollment - Phone: 248-681-2076 Fax: 248-681-2193