## Schools of Choice Student Enrollment Application

## SCHOOL YEAR FOR WHICH YOU ARE APPLYING: 2023-2024

**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.** 

					F	emale Male
Student Name (Last, First, Middle Initial)			Birthdate			(Circle One)
Address			City		State	Zip Code
Name of so		Grade				
Has the student bee	n suspended or exp	pelled from school in the	last two yea	ırs? Yes N	o (If yes, w	hen & why?)
Year Suspe	ended/Expelled			Reason		
Year Suspe	ended/Expelled			Reason		
			(	)	(	)
Parent/Guardian Name (Last, First, Middle Initial)  Cell Phone #						Home/Work Phone #
List other children l	iving in the above h	nousehold:				
Name of Student		Grade		Name of Stud	dent	Grade
Name of Student		Grade	Name of Student			Grade
Name of Student		Grade		Name of Stud	lent	Grade
		ect to the best of my kno ecords to Caro Commun	_	I authorize all	school distri	cts which my student
Signature of Parent/Guardian/Adult Student						Date
Upon review of this ment under this pro		th consideration to the on is:		procedures of	f the Schools	of Choice for enroll- Disapproved
	Signature of Su	perintendent/Designee				Date