## Schools of Choice Student Enrollment Application

## SCHOOL YEAR FOR WHICH YOU ARE APPLYING: 2025-2026

**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.** 

					Fomo	nlo Malo	
Student Name (Last, First, Middle Initial)			Bir	Birthdate		Female Male (Circle One)	
	Address		City		State	Zip Code	
	Name of school district that student	currently resides in	Gra	de			
Has the st	tudent been suspended or exp	pelled from school in the	e last two years?	Yes No	(If yes, when	& why?)	
Year	Suspended/Expelled		Rea	ason			
Year	Suspended/Expelled		Rea	ason			
			( )		(	)	
Parent/Guardian Name (Last, First, Middle Initial)			Cell	I Phone #	Hom	e/Work Phone #	
List other	children living in the above h	nousehold:					
	Name of Student Grade			Name of Student		Grade	
	Name of Student	Grade		Name of Student		Grade	
	Name of Student	Grade		Name of Student		Grade	
	e information is true and corre ded to release my student's re		_	thorize all sch	nool districts	which my student	
	Signature of Pare			Da	te		
	iew of this application and at under this ap		the policies and	d procedures	of the Scho	ools of Choice for	
	-		Approv	ed	D	isapproved	
	Cignatura of C.	uperintendent/Designee					
	Signature of St	aperintendent/ Designee			Da	16	