

**For District Office Use**

Application No. _____

☐ 105 Approval _____☐ 105 Denied _____☐ Discipline _____☐ Program inappropriate _____**SECTION 105 "SCHOOLS OF CHOICE" APPLICATION****2025-2026 School Year**

A SCHOOL OF CHOICE APPLICATION MUST BE COMPLETED FOR EACH CHILD IN YOUR FAMILY WISHING TO APPLY FOR SCHOOL OF CHOICE. "Choice" Applications must be submitted and received by August 22, 2025, 4:00 p.m. at the Student Services Office, Battle Creek Public Schools, 3 Van Buren Street W, Battle Creek, MI 49017. Battle Creek Public School district has unlimited district slots to fill K-12. Academic qualifications required for some programs. Battle Creek Public Schools reserves the right to place the student in the appropriate buildings. Enrollment is contingent on whether the student has been suspended within the last 2 years or ever been expelled. Students who have been suspended within the past 2 years or ever expelled may not be eligible to enroll.

STUDENT NAME: _____ Date of Birth _____

Address: _____ City/Zip _____

School District of Residence _____ Current School _____ 2025-26 Grade: _____

BCPS School Requested (1) _____ (2) _____ (3) _____

The district reserves the right to place students in an appropriate building, however, every effort will be made to accommodate one of the choices specified above.

Last district attended _____ Last grade completed _____

Previous School Districts attended: a) _____ b) _____

APPLICANT/CHILD/STUDENT INFORMATION (Complete if the new student is a sibling of an existing student.)☐ Sibling of student currently attending Battle Creek Public Schools

Sibling Name: _____ Building attending: _____

Has student ever been suspended either in-school or out-of-school within the past 2 years. ☐ No ☐ YesHas student ever been expelled? ☐ No ☐ Yes - Where/Why _____Has student ever been convicted of a felony? ☐ No ☐ Yes - Where/Why _____**Parent must sign verification of discipline record and name of all schools/school districts attended in the previous two years.****PARENT(S) INFORMATION**

Name _____ Relationship: _____

Address _____ City/State _____ Zip Code _____

Telephone Number: (preferred) _____ (work) _____

PLEASE NOTE: Students who transfer by choice from one school district to another and do not otherwise satisfy the transfer regulation (MHSA) are ineligible for interscholastic athletics for one semester. Parents are responsible for providing transportation to and from school. By signature of this form the parent affirms, that as the parent/legal guardian, all information provided is true and accurate. Any false information provided by signee, may be subject to legal penalties and denial of this request.

Parent Signature _____ Date _____

AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this affirmation will result in a report to the appropriate authorities.

Student Name: _____

DIRECTIONS: Check all that apply, provide all appropriate information, and sign this document.

☐ 1. My student **has not been** suspended or expelled during the last two school years (2023-24 or 2024-25) from any public or private school in Michigan or any other state for an offense involving but not limited to weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

☐ 2. My student **has been** suspended or expelled during the last two school years (2023-24 or 2024-25) from a public or private school in Michigan or another state for one or more offenses involving but not limited to weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you checked 2 above, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

(Signature of Parent/Guardian) (date)

(Signature of Student) (date)

.....
Date copy sent for verification: _____ Initials of Battle Creek Public Schools Staff Member _____
.....

Name of Sending (former) School District: _____

Sending School – Please Check One: ☐ According to our records, we can verify that the information provided above by the parent/student is correct.

☐ According to our records, the information provided above by the parent and student is not correct.

If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activity, or on a public or private conveyance providing transportation to or from school or a school sponsored activity, please forward appropriate disciplinary documentation.

(Date)

(Signature of Sending District Administrator)

(Title)