

2024-2025 School of Choice Application
Ypsilanti Community Schools, 1885 Packard Road, Ypsilanti, MI 48197
Telephone: 734-221-1210 FAX: 734-221-1214

Winter: Applications accepted October 3, 2024 through February 12, 2025

The Ypsilanti Community Schools Board of Education has opened its doors to all students residing in Washtenaw county and all contiguous counties. Completed application forms and requested documentation must be returned to the Superintendent's Office. A separate application form must be completed for each student desiring to attend YCS under the Schools of Choice State Aid Act of 1996, P.A. 300, Sections 105 and 105c. **School of Choice forms must be completed by 2/12/2025.**

School you are applying to attend at YCS: _____ **GRADE ENTERING:** _____ *Note for High School students: Credit requirements for grade level must meet YCS policies*

Student Name: _____ Student Birthdate: ____/____/____
Last First Initial Month Day Year

Permanent Address for Student: _____/_____/_____
House # Street Apt # City Zip Code County

Home #: _____ Cell Phone #: _____ Work #: _____

Parent/Legal Guardian Name: _____ Work Phone: _____

Parent/Legal Guardian Name: _____ Work Phone: _____

Parent/Guardian EMAIL address: 1) _____ 2) _____

District In Which You Reside: _____ FAX #: _____

List **previous schools** attended with current school first (attach an additional sheet if necessary).

| Name of School | City, State | Dates Attended | Reason for Leaving |
|----------------|-------------|----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please complete the following:

1. Has the student ever been expelled from another school district? YES NO

Please Explain: _____

2. Has the student been suspended from another school during the preceding two (2) school years? YES NO

Please Explain: _____

3. Has the student been truant or had attendance issues at another school during the preceding (2) years? YES NO

Please Explain: _____

4. It is understood that the student may be athletically ineligible for one (1) full semester according to M.H.S.A.A. rules
 YES NO

5. Was the student previously enrolled in Ypsilanti Public/Willow Run/Ypsilanti Community Schools?
 If so, please give dates? _____

6. Has the student received Special Education Services at any time? YES NO If YES, please attach current IEP form.
 (Please **NOTE** that Ypsilanti Community Schools reserves the right to deny access to a student residing outside the Washtenaw Intermediate School District if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.)

7. It is understood that transportation may be provided if the student is dropped off and picked up at a designated YCS bus stop. Students must be pre-registered with the Transportation Dept. for this service. School of Choice student transportation depends on seating availability. YES NO

8. It is understood that the student will adhere to the attendance policies that are written in the Student Handbooks and that tardies/absences will not be excused due to lack of transportation and/or weather conditions. YES NO

As the PARENT/LEGAL GUARDIAN making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature on the application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if Ypsilanti Community Schools finds any information that is incorrect or falsified on this application, including affirmation of prior discipline records, this would immediately terminate enrollment of the student on this form. My/Our signature(s) holds harmless Ypsilanti Community Schools, their employees and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants Ypsilanti Community Schools permission to contact our current district to obtain school records for my/our student, including discipline records.

NOTE: Ypsilanti Community Schools will accept non-resident students without regard to intellect, academic, artistic, athletic, or other ability or talent, mental or physical disability, religion, race, color, national origin, sex, height, weight, or marital status. YCS also reserves the right to deny access to a student residing outside the Washtenaw Intermediate School District if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

The following items must be submitted in order to complete your application:

- School of Choice application
- Affirmation of Prior Discipline Record (Grades 1-12 only)
- Request/Release for Student Discipline Records
Grades 1 – 12 only (attached)
- IEP (Special Ed Services - if applicable)
- Report Card (Grades 1-8) or Transcripts – (Grades 9-12)

Please return this application and requested documents to:

Assistant Superintendent
Ypsilanti Community Schools
1885 Packard Rd
Ypsilanti, MI 48197
734-221-1210 / FAX – 734-221-1214

(Office Use Only) Application Received on: _____ Discipline Release Faxed to School on: _____

Request is: Granted Denied By: _____ DATE: _____

Date notification sent to Parent(s)/Legal Guardian: _____

Date notification sent to Requested School: _____



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Affirmation of Prior Discipline Record (Grades 1 – 12 only)

Student Name: _____
Previous School District: _____
School Building: _____
Address: _____

DIRECTIONS: Parent – Please circle paragraph 1 or 2, provide all appropriate information, and sign/date.

A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from the Ypsilanti Community School District.

Paragraph 1: The undersigned affirms that the student **HAS NOT BEEN** suspended or expelled from any public, charter or private school in Michigan or any other state, for an offense involving 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.

Paragraph 2: The undersigned affirms that the student **HAS BEEN** suspended or expelled from any public, charter or private school in Michigan or any other state, for an offense involving 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.

If you circled paragraph 2, explain the incident in detail on a separate sheet of paper.

Parent/Guardian Signature

Date



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REQUEST FOR STUDENT DISCIPLINE RECORDS (Grades 1 – 12 only)

Student Name: _____

Name of Former School: _____

Street Address: _____

City/State/Zip: _____

Telephone # of School: _____ Fax # of Previous School: _____

The above-named student has applied to attend Ypsilanti Community Schools under the School of Choice program. Please FAX the student’s discipline file for the previous two (2) school years. If there is no discipline on file, please indicate on the bottom of this form and FAX it back to us.

Final acceptance is contingent upon further review of the student’s discipline file and thus, **ONLY DISCIPLINE INFORMATION IS NEEDED AT THIS TIME.** If accepted as a School of Choice student, additional records will be requested under separate cover. Thank you in advance for your assistance.

PARENTAL PERMISSION

One form required for each school child attended over last two (2) school years.

I hereby authorize the release of all discipline records for the above student to Ypsilanti Community Schools.

Signature of Parent/Guardian

Date

.....

_____ has **NO DISCIPLINE INFRACTIONS** for the previous two (2) school years.

Student Name

Name / _____
Date

Title

School District

“PLEASE RETURN FORM VIA FAX”