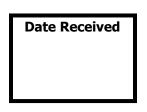


ROMEO COMMUNITY SCHOOLS

316 N Main, Romeo Michigan 48065 (586) 752-0200 Fax: (586) 752-0227

APPLICATON TO ATTEND: NON-RESIDENT CHILDREN OF RCS EMPLOYEES



A separate application is needed for each student. All information requested <u>MUST</u> be filled out. Return completed application in one of the following ways: **In person at Enrollment Center, Romeo Community Schools, 316 N Main St, Romeo, Michigan 48065; email to enrollment@romeok12.org, or fax to 586-752-0227.**

Student Name:	Date of Birth:			
Address:			Gra	de entering in Fall:
City:	_State:	_ Zip:	Phone:	
Email (include for notification):				
School District you reside in:		Name of	school attending:	
Employee Building and Job Title:				
ROMEO SCHOOL YOU ARE REQUE (2nd choice is only needed for Y5-5th grad				
When submitting application, P discipline was recorded) for the p during these times. Application r	ast 2 school y	ears obtain accompanied	ed from the schoo I by student's repo	(s) the student attended
Has your child been suspended/expelled Does your child receive Special Education Does this child have a sibiling already at	n Services?	•	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No No
By signing below, I acknowled Romeo Community School District above information is accurate and to reply truthfully may result in the this program. Also, I understand Schools, I am responsible for trans	, non-residen complete to le loss of my that if trans sporting my cl	t children of the best of / child's elic portation ca	employee programy knowledge. I gibility for accept annot be provided om school.	m. I certify that the understand that failure ance and removal from
FOR OFFICE USE ONLY Upon review of this application, and with Macomb County, this application is: Approved Disapproved Reason not approved:	_ S	ignature of Su	perintendent	hools of Choice program in Date
Date of commuication of status:	Emailed	dUSPS	OtherIi	nitials of Enrollment Personnel