Flint Community Schools - SCHOOLS OF CHOICE 105

APPLICATION - 2026-2027 SCHOOL YEAR

Parent/Guardian Request to Enroll Child Schools of Choice 105:

All applications must be completed and returned to THE FLINT DISTRICT CENTRALIZED ENROLLMENT OFFICE by Friday, September 4, 2026. Failure to meet this deadline will result in denial of request.

I. Student Information

_____ _____ _____ _____

Last First Middle Initial School District of Residence

_____ _____ _____ _____

Street Address City State Zip Code

GENDER: ____ Male ____ Female **DATE OF BIRTH:** _____

Month/Day/Year

SIBLING(S) INFORMATION:
List the full name(s) of sibling(s) currently enrolled in the FCS Schools of Choice program:

_____ _____

_____ _____

List the full name(s) of sibling(s) submitting an application to the FCS Schools of Choice program (a separate application must be submitted for each child):

1. _____ **2.** _____

3. _____ **4.** _____

Total number of applications submitted today: _____

PARENT/GUARDIAN INFORMATION:

_____ _____ _____

Last Name First Name Middle Initial

_____ _____ _____ _____

Street Address City State Zip Code

_____ _____

Home Phone Alternate Phone

Application # _____ **Grade:** _____

Choice School #1: _____

Choice School #2: _____

Application Status: _____

(For Office Use Only)

II. School of Choice Request for 2026-2027

_____

List Name of SCHOOL BUILDING Requested for Student - 2026-2027

_____

Grade in 2026-2027

PLEASE STATE REASONS FOR MAKING THIS CHOICE:

_____

_____

_____

"I have read and agree to the terms of the Schools of Choice 105 Program. I have not applied or requested to enroll my child in any other Genesee County school district for the 2026-2027 Schools of Choice 105 Program other than my choice listed above. All information I have provided in this application is true and correct. I understand that providing any false information on this application may be sufficient grounds for denial."

_____ _____

Parent/Guardian Signature **Date**

III. Fall 2025 (previous year) School/Enrollment Information

_____ _____

School District Student Attended in Fall 2025 **School Building Student was Enrolled in for Fall 2025**

_____ _____

Grade in Fall 2025 **High School Student - # of credits earned to date**

WITHIN THE LAST TWO YEARS:
Has Student Been Suspended? _____ **Yes** _____ **No**

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Expelled? _____ **Yes** _____ **No**

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Withdrawn from School? _____ **Yes** _____ **No**

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Convicted of a Felony? _____ **Yes** _____ **No**

(If Yes, Provide Date): _____ Reason: _____

Does your child have a Special Education Individual Education Plan (IEP)? _____**Yes** _____**No**

"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports, Special Education, 504 or other specialized programs, pursuant to this application to the district to which I am applying as a School of Choice for 2026-2027."

_____ _____

Parent/Guardian Signature **Date**