



**LIVONIA PUBLIC SCHOOLS – FRANKLIN HIGH SCHOOL
INTERNATIONAL BACCALAUREATE PROGRAM
LIMITED SCHOOLS OF CHOICE APPLICATION 2017-2018 SCHOOL YEAR
*FAXED AND E-MAIL APPLICATIONS WILL NOT BE ACCEPTED**

APPLICATION DATES: March 1, 2017 9:00 a.m. – March 30, 2017 4:00 p.m.
(Please print and complete all information)

NAME OF INCOMING STUDENT: _____
Last First Middle Initial

Male Female Date of Birth: ____/____/____ Current Grade: ____ Grade Applying For: ____

PARENT/GUARDIAN: _____
Last First Middle Initial

ADDRESS: _____ CITY: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PUBLIC SCHOOL DISTRICT ASSIGNED TO PRIMARY RESIDENCE: _____

Does student have a sibling attending LPS? No Yes (Full Name: _____ School: _____)

If yes, which program: ____ ACAT ____ MACAT ____ IB ____ Schools of Choice – General Education

Student's Current School (if applicable): _____

Address of Current School: _____ Current District: _____

THE FOLLOWING SECTION MUST BE COMPLETED:

- Has the incoming student been suspended or expelled from school? ____ Yes ____ No
If yes, give details below (if additional space is needed for explanation, please attach additional page).
Date: _____ Reason: _____
- Does the student currently receive special education classroom or related services (i.e., speech, OT, PT)? ____ Yes ____ No
If yes, please describe type of service(s): _____

(Please refer to the Application Procedures Guidelines on our website)

By signing below, I certify all information provided above to be true, and I acknowledge and accept the policies and requirements of the Livonia Public School District's Schools of Choice Program. I understand untrue or incomplete information will disqualify and remove the applicant from the program. I give permission to the Livonia School District to contact my student's previous school regarding their disciplinary and school records.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

RETURN TO: FRANKLIN HIGH SCHOOL, 31000 JOY ROAD, LIVONIA, MI 48150

OFFICE USE ONLY: ____ Approved ____ Denied

Parent notified on: _____ By: _____ Phone ____ Email ____ U.S. Mail