

**Kingston Community Schools
Schools of Choice in Tuscola ISD**

Student Enrollment Application

1 / 2 Semester

School Year for which you are applying: _____

Section 1: Student Information (To be completed by parent or guardian)

Student Name (Last, First, M.I.)		Birth Date: ____ - ____ - ____	Sex: Male / Female
Address:		City:	Zip Code:
School Currently Attending:		Current School Year	Last Grade Completed:
Resident District of Student:		Special Needs (Specify)	
Requested District for Schools of Choice:			
Social Security Number:	Date student will begin attending new District:		
Reason for Transfer Request:			
Have you been suspended or expelled from school in the last two years? (if yes, When and Why)			

Section 2: Parent / Guardian Information

Parent/Guardian Name (Last, First, M.I.)	Telephone Numbers: Home () Work ()	
Address:	City:	Zip:
The above information is true and correct to the best of my knowledge and I agree to release my student's records to the receiving school.		
_____ Signature of Parent/Guardian		_____ Date

Section 3: Receiving Information (To be completed by the receiving District)

Date of Receipt of Application:	District Name:	
Schools of Choice Contact person:	Title:	Telephone Number: () - ____ - ____
Upon review of this application and with consideration to the policies and procedures of the schools of Choice for enrollment under this program, this application is Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
_____ Signature of Superintendent or Designee		_____ Date
On the basis of information provided in this application, the above student will be assigned to: Building: _____ Starting Date: _____ Grade: _____	The above district is unable to approve your request for enrollment in the schools of choice program for the following reason: <input type="checkbox"/> See Attachment	