



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

Date Received

APPLICATION TO ATTEND:
NON-RESIDENT
CHILDREN OF RCS EMPLOYEES

A separate application is needed for each student. All information requested MUST 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: _____ Grade 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 REQUESTING: 1st Choice: _____

(2nd choice is only needed for Y5-5th grade students) 2nd Choice: _____

When submitting application, Parent/Guardian MUST provide student discipline report (even if no discipline was recorded) for the past 2 school years obtained from the school(s) the student attended during these times. Application must also be accompanied by student's report card/transcript and a copy of their 504 or IEP if applicable.

Has your child been suspended/expelled within the last two years? [] Yes [] No

Does your child receive Special Education Services? [] Yes [] No

Does this child have a sibling already attending Romeo Community Schools? Yes No

By signing below, I acknowledge and accept the policies and regulations regarding the Romeo Community School District, non-resident children of employee program. I certify that the above information is accurate and complete to the best of my knowledge. I understand that failure to reply truthfully may result in the loss of my child's eligibility for acceptance and removal from this program. Also, I understand that if transportation cannot be provided by Romeo Community Schools, I am responsible for transporting my child to and from school.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Upon review of this application, and with consideration to the policies and procedures of the Schools of Choice program in Macomb County, this application is:

[] Approved [] Disapproved

Signature of Superintendent

Date

Reason not approved: _____

Date of communication of status: _____ Emailed _____ USPS _____ Other _____ Initials of Enrollment Personnel _____