

## **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:				_ Grade enterin	g 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 grade s	tudents)	2 <sup>nd</sup> Choice:			
When submitting application, P discipline was recorded) for the p during these times. Application of	oast 2 scho must also	ool years obtaii	ned from the so ed by student's	chool(s) the st	udent attended
Has your child been suspended/expelled Does your child receive Special Education		•	☐ Yes ☐ Yes	_	
Does this child have a sibiling already a	ttending Ro	meo Community	Schools? Yes	s 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 transparent/Guardian Name (please print)	, non-reside completene loss of that if tresporting m	dent children of to the best of my child's el ransportation of	of employee prof f my knowledg ligibility for accannot be prov from school.	ogram. I certi e. I understa ceptance and	fy that the nd that failure I removal from
FOR OFFICE USE ONLY Upon review of this application, and with Macomb County, this application is:  Approved Disapproved  Reason not approved:		Signature of Si	uperintendent		oice program in
Date of commuication of status:	Er	mailedUSPS _	Other	Initials of Enro	ollment Personnel