



ROMEO COMMUNITY SCHOOLS
 316 N Main, Romeo Michigan 48065
 Enrollment Office (586) 281-1404
OUT OF DISTRICT (105 & 105C)
SCHOOLS OF CHOICE APPLICATION

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| Date & Time Received |
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9th - 11th Grade Limited

A separate application is required for each student. All information requested **MUST** be filled out.

Return completed application and supporting documents in one of the following ways:

in person to the Enrollment Center at the Administration Building(316 N Main, Romeo,Michigan 48065)
email:enrollment@romeok12.org or fax: 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: _____

Check here if requesting in person learning at the 9th Grade Academy

Check here if requesting in person learning (10th/11th grade) at Romeo High School

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

Did this student attend Romeo Schools in the 2024-25 school year? Yes No

By signing below, I acknowledge and accept the policies and regulations regarding the Romeo Community School District, Schools of Choice 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 Romeo Community Schools' Schools of Choice 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: _____

Applicant No. ____ of 10 ____ of 10 ____ of 10 Lottery No. _____ Initials of District Personnel

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

District policy requires nondiscrimination on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, English proficiency, disability, height, weight in its programs, services, activities, employment or admission policies.