



**ROMEO COMMUNITY SCHOOLS**  
 316 N Main, Romeo Michigan 48065  
 (586) 752-0200 Fax: (586) 752-0227  
**OUT OF DISTRICT (105 & 105C)**  
**SCHOOLS OF CHOICE APPLICATION**  
**Young 5 thru 8th Grade and RVA**

<b>Date Received</b>   
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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](mailto: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: \_\_\_\_\_

**ROMEO SCHOOL YOU ARE REQUESTING: 1<sup>st</sup> Choice** \_\_\_\_\_

Check here if requesting  
 Romeo Virtual Academy (RVA).  
 (6th - 12th grade only)

**2<sup>nd</sup> Choice** \_\_\_\_\_

Two choices *must* be provided for all Young 5 - 5th grade applicants or the application will be considered incomplete and not processed.

**When submitting the 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. The application must also be accompanied by student's report card/transcript and a copy of their 504 or IEP, if applicable.**  
**Young 5 and Kindergarten students are not required to provide grade and discipline records.**

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, 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of communication of status: \_\_\_\_\_  Emailed  USPS  Other  Initials of Enrollment Personnel