



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

Date Received

2nd Semester: Romeo Virtual Academy (6th-11th grades)

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) or email: enrollment@romeok12.org or fax: 586-752-0227

Student Name: _____ Date of Birth: _____
Address: _____ Current Grade Level: _____
City: _____ State: _____ Zip: _____ Phone: _____
Parent/Guardian Email : _____
School District you reside in: _____
Name of school building/program student currently attends: _____

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, as well as a fully completed RCS Affirmation of Discipline Form. The 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, 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 or designee Date

Reason not approved:

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