

LIVONIA PUBLIC SCHOOLS
15125 Farmington Road, Livonia, MI 48154

Limited Schools of Choice Application Process
105 and 105c

FRANKLIN HIGH SCHOOL
INTERNATIONAL BACCALAUREATE (I.B. PROGRAM)
GRADES 9 - 11

1. Complete a Schools of Choice Application for each student in your household. Submit to Dara Cordes in person, or by **U.S. Mail, no later than 4:00 p.m., June 3, 2019 at 4:00 p.m.** Applications will be accepted daily between May 6 – June 3, 2019.

If sending application by U.S. Mail, send to: FRANKLIN HIGH SCHOOL
31000 JOY ROAD
LIVONIA, MI 48150
ATTN: DARA CORDES, REGISTRAR

2. Prior to enrollment, students must pass the IB admittance exam and meet all other program eligibility criteria.
3. Please note due to the added costs of educating students who receive special education services, Livonia Public Schools may disallow the enrollment of a student who receives special services and resides outside of the Wayne County School District if a mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.
4. If there are more students than seats available for the grade you are applying to, a lottery will be held to determine which students will be accepted for registration. Those not selected in the lottery will be placed on a wait list in the order their name was drawn.

If there are less than, or the same number of students as seats available for the grade you are applying to, your student will be allowed to register (providing they meet all criteria in #2 and #3 as listed above).

5. Students who have siblings **currently enrolled in LPS** will be given preference in regards to being accepted for Schools of Choice registration.
6. The lottery will be held on **June 4, 2019, at 3:00 p.m., in the Livonia Public Schools, Board of Education Office, 15125 Farmington Road, Livonia, MI 48154.** All applicants are welcome to attend.
7. You will be notified via U.S. Mail of your student's acceptance or wait list status.
8. If you receive a letter indicating your student has been accepted through Schools of Choice, please follow the steps in the letter to set a registration appointment.
9. Parents/Guardians are responsible for the timely transportation of students to and from school on a daily basis.



**LIVONIA PUBLIC SCHOOLS – LIMITED SCHOOLS OF CHOICE
2019-2020 SCHOOL YEAR
NON-RESIDENT APPLICATION**

I.B. PROGRAM – GRADES 9 - 11

FAXED AND E-MAIL APPLICATIONS WILL NOT BE ACCEPTED

APPLICATION DATES: May 6 – June 3, 2019 at 4:00 p.m.

HOW DID YOU FIND INFORMATION ABOUT REGISTERING YOUR CHILD VIA SCHOOLS OF CHOICE?

- At child's school
 LPS Website
 Direct Mail
 E-mail
 Social Media
 Print Ad
 Other (please describe): _____

Please print and complete all information

INCOMING STUDENT INFORMATION:				
STUDENT LAST NAME:		STUDENT FIRST NAME:		MIDDLE INITIAL:
GENDER (check one)	BIRTHDATE:	CURRENT GRADE:	GRADE SEPTEMBER 2019:	
<input type="checkbox"/> Male <input type="checkbox"/> Female				
STUDENT'S CURRENT SCHOOL, IF APPLICABLE:				
ADDRESS OF CURRENT SCHOOL:				
RESIDENT DISTRICT:				
WAS THE STUDENT PREVIOUSLY ENROLLED IN THE LIVONIA PUBLIC SCHOOLS? IF YES: Please list dates: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS THE STUDENT EVER BEEN EXPELLED FROM ANOTHER SCHOOL?				<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:				
Date: _____				
Reason:				
HAS THE STUDENT BEEN SUSPENDED FROM ANY SCHOOL DURING THE PRECEDING TWO (2) SCHOOL YEARS?				<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:				
Date(s): _____				
Reason(s):				

HAS THE STUDENT BEEN TRUANT OR HAD ATTENDANCE PROBLEMS AT ANOTHER SCHOOL DURING THE PRECEDING TWO SCHOOL (2) YEARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES: Reason(s):	
It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS THE STUDENT RECEIVED SPECIAL EDUCATION SERVICE(S) AT ANY TIME? IF SO, PLEASE LIST SERVICES AND ATTACH IEP FORM . (Please note that the Livonia Public Schools may not enroll a student residing outside of the Wayne County Intermediate School District if a written mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE DESCRIBE:	
DOES THE STUDENT HAVE A 504 PLAN? IF SO, PLEASE ATTACH 504 FORM.	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE DESCRIBE:	
IT IS UNDERSTOOD THAT STUDENTS IN GRADES 10, 11, AND 12 WILL BE ATHLETICALLY INELIGIBLE THROUGH MARTIN LUTHER KING DAY OF THE FIRST YEAR ENROLLED IN THE SCHOOL DISTRICT.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLING INFORMATION:	
DOES THE STUDENT HAVE A SIBLING CURRENTLY ATTENDING LPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHICH PROGRAM? <input type="checkbox"/> ACAT <input type="checkbox"/> MACAT <input type="checkbox"/> CAPA <input type="checkbox"/> NIJI-IRO. <input type="checkbox"/> GLOBAL ED <input type="checkbox"/> SCHOOLS OF CHOICE – GEN. ED. <input type="checkbox"/> IB
WHAT IS/ARE THE SIBLING(S) NAME(S)?	
WHICH LPS SCHOOL DOES THE SIBLING(S) CURRENTLY ATTEND?	

PARENT/GUARDIAN INFORMATION:		
PARENT/GUARDIAN LAST NAME:	PARENT/GUARDIAN FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	CITY:	ZIP:
COUNTY RESIDING IN:		
PARENT/GUARDIAN E-MAIL ADDRESS:		
HOME PHONE:	CELL PHONE:	WORK PHONE:

I Understand Parents/Guardians are responsible for providing transportation to and from school every day.

As the parent(s)/legal guardian(s) making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if Livonia Public Schools finds any information that is incorrect or falsified on this application, including affirmation of prior discipline records, this would immediately terminate enrollment of the student on this form. My/our signature(s) holds harmless the Livonia Public Schools, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants Livonia Public Schools permission to contact our current district to obtain school records for my/our student, including discipline records.

Notice of Nondiscrimination: Livonia Public Schools prohibits unlawful discrimination on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap or disability in any of its educational programs or activities. The following person has been designated to handle inquiries and grievances regarding discrimination based on race, color, religion, sex, national origin, age, height, weight, and marital status-Director of Human Resources, [15125 Farmington Road, Livonia, MI 48154](#) at [\(734\) 744-2566](#). The following person has been designated to handle inquiries and grievances regarding discrimination based on handicap or disability-Director of Student Services, [15125 Farmington Road, Livonia, MI 48154](#) at [\(734\) 744-2524](#).

Parent/Guardian Name (PRINT)

Parent/Guardian Name (SIGNATURE)

Date Signed

OFFICE USE ONLY:

DATE STAMP APPLICATION RECEIVED:

RECEIVED BY:

Approved **Denied**

School Placement: _____

Parent notified of decision on: _____ **by** _____

Phone **E-mail** **U.S. Mail**