

**MISSISQUOI VALLEY UNION HIGH SCHOOL
SCHOOL CHOICE APPLICATION/REGISTRATION FORM
Application deadline is April 20, 2012**

Today's Date: _____

SCHOOL CURRENTLY ATTENDING	
SCHOOL NAME	SCHOOL YEAR
ADDRESS:	
TEL:	FAX:
Name of School Student Wishes to Attend:	

SCHOOL CHOICE PARTICIPANT (GRADES 9-12)			
Student Name:		Male/Female	
Grade:	Date of Birth:	SS #	Tel #:
Student Street Address:		Town:	Zip:
Mailing Address (if difference from above)			
Student Lives with: (Circle one) Both parents Father Mother Guardian/Step-parent			

PARENT INFORMATION		
Father's Name:	Employed at:	Wk. Tel. #:
Mother's Name	Employed at:	Wk. Tel. #.
Guardian/Step-parent (if applicable):		
Address:	Employed at:	Wk. Tel. #
IS YOUR STUDENT CURRENTLY RECEIVING ANY TYPE OF SERVICES? (Special education/IEP, ACT 157) If so, please indicate what types of services will be required.)		

BOTH PAGES MUST BE COMPLETE AND SIGNED IN ORDER TO BE CONSIDERED.

I/we request that _____ (student's name) be considered for participation in the Missisquoi Valley Union High School – School Choice Program. I/we understand that:

- * Each school is limited to a net loss or gain of up to 4 students at a time; 1 per grade level.
- * If MVU receives more applications than available placements by the application deadline, a lottery system will be used.
- * Students with IEP's must receive prior approval from their home school IEP team.
- * Unless expelled, each student will be guaranteed enrollment in the receiving school until graduation, regardless of continued participation of other students or the student's school district of resident.
- * Any student who has been expelled or served long-term suspension (i.e., longer than ten days) will not be eligible for the upcoming year and one additional year.
- * If a student wishes to terminate enrollment in their receiving school of choice, he/she may only return to the sending school of residence.

Signature of Parent/Guardian having legal control or custody: _____

Legal relationship to student: _____

Date: _____

******* DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY *******

Date on which application was received in office:		
Check of student's disciplinary record:	Qualifies:	Disqualifies
Is the student on a current IEP?	Yes:	No:
If the answer is "yes" above, provide the name of student's current case manager:		
Reply to initial request was sent on:		
Acceptance notification was send on:		
Confirmation of family's intent to accept invitation to participate in exchange was received on:		

Send completed application to:

Bob Pequignot, Principal
 School Choice Program
 Missisquoi Valley Union High School
 100 Thunderbird Drive
 Swanton, VT 04588

OR

Return to Lori Tougas, Principal's Secretary