

Lowell Area Schools

300 High Street Lowell, MI 49331

Date Received: _____

Time Received: _____

INTERNAL SCHOOLS OF CHOICE APPLICATION

For Elementary Students Requesting to Attend and Elementary Building Outside of the Resident Elementary School

Please email application to olr@lowellschools.com

Today's Date: _____

Student's Name: _____

Grade Next Fall: _____

Parent's Name: _____

Address: _____

Phone: _____

Email Address: _____

Resident Elementary: _____

Requested Elementary: _____

Reason for Request: _____

Is the student receiving any special education services or classroom placement? Yes No

If yes, please describe services **AND** obtain Director of Special Education's approval:

Please Note: If approved, transportation is the responsibility of the parent. You may contact the Transportation Department to request information on current options (616)987-2540.

Parent's Signature

Releasing Principal's Approval

Receiving Principal's Approval

Director of Special Education's Approval (if appropriate)

Approved

Denied

Final Approval Date: _____