

Wayne-Westland Community Schools  
**INTRA COUNTY SCHOOLS OF CHOICE**

**School Application Form (K-12)**  
**School Year 2024-2025 (Second Semester)**

Sections 105 and 105c of the State School Aid Act allow students residing within the boundaries of the Wayne-Westland Community School District and Intermediate School Districts contiguous to the Wayne RESA School District (Macomb, Monroe, Oakland, and Washtenaw) to enroll in a receiving "Schools of Choice" school district, providing the student meets the application guidelines.

**Student Information:**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

Student Birthdate \_\_\_\_\_ **Grade in December 2024** \_\_\_\_\_

School last attended by student \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Public School District of Residence \_\_\_\_\_ **Grade in January 2025** \_\_\_\_\_

**Requested School:**

**1st Choice** \_\_\_\_\_ **2nd Choice** \_\_\_\_\_ **3rd Choice (K-8 only)** \_\_\_\_\_  
*(please indicate more than one school)*

Do you have a student already attending a W-W School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list student(s) names(s)/schools \_\_\_\_\_

Do you have any other student(s) applying now for W-W Schools of Choice? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the full names and grades for December 2024 \_\_\_\_\_  
*(an application must be submitted for each student)*

Does your child receive Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Information:**

Name of Parent(s)/Guardians(s) \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

**Parent/Guardian Acknowledgments (Initial)**

\_\_\_\_\_ Transportation to/from school is the sole responsibility of the parent

\_\_\_\_\_ School assignments will be based on space availability

\_\_\_\_\_ Affirmation of Discipline: if any information is found to be a willful false statement, Wayne-Westland Community Schools reserves the right to revoke the Intra-County School of Choice application and/or acceptance

\_\_\_\_\_ Final approval of this application requires verification of eligibility and residency within Wayne County

**By signing this application, I authorize the contact and release of my child(ren)s records from the school district previously attended and certify that all of the information provided is true and complete. I recognize that the failure to disclose any suspensions or expulsions will result in the re-evaluation of this application.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This completed form must be delivered ***IN PERSON BY 4:00 pm on January 17, 2025 to:***  
Wayne-Westland Department of Instruction: 36745 Marquette Westland, MI 48185 (734) 419-2083

<b>BOARD OFFICE USE ONLY</b>	
Date Application Received _____	Date Discipline Received _____
Application Approved _____	Application Denied _____
Signature _____	Date _____
School Assigned _____	