WATERFORD SCHOOL DISTRICT 2024/2025 SCHOOLS OF CHOICE APPLICATION APPLICATIONS ACCEPTED JUNE 24 – July 24, 2024

STEM ACADEMY 9th – 12th GRADE ONLY

Student Name:		
(Last) Street Address:	(First) City:	(Middle) Zip:
Home Phone #: Cell #:		_ Work #:
Parent(s)/Guardian(s) email address:		
Student's Birth Date:	Male Female	Grade
Parent/Guardian Name (Please print):		
Does the student have a parent who resides within the boundaries of the Waterford School District? Yes No		
Other siblings applying? Yes No How many? Siblings currently attending? Yes No		
If yes, what grade level and building		
Does student speak English? Yes No If no, what language does the student speak?		
Does this student have any special needs? (Please list in detail special classes and support services, i.e., speech, special education, 504, gifted/talented:		
SCHOOLS OF CHOICE GUIDELINES ARE ATTACHED TO THIS APPLICATION		
NOTE: Please indicate which high school you would prefer. Final determination is determined by Waterford School District. Will you accept a placement in a different high school? Yes No		
Kettering High School Mott High School		
By signing below I certify all of the information provided above to be true, and I acknowledge and accept the policies and stipulations of the Waterford School District Schools of Choice program. I understand untrue or incomplete information will result in the removal of the applicant from Waterford School District programs. I give permission to the Waterford School District to contact my student's previous school regarding their disciplinary record. I also understand I am responsible for all transportation to and from school.		
Parent/Guardian Signature:		Date:
ADMINISTRATION		
Building Placement: School District Administration: Approved	Grade:_ Denied	
Administrative Signature:		Date:
Return to: Waterford School District – Central Enrollment – Phone: 248-681-2076 Fax: 248-681-2193		