

NICE COMMUNITY SCHOOL DISTRICT

Schools of Choice Application

Please complete the following information and submit to the **NICE COMMUNITY SCHOOL DISTRICT**. The District will then respond to your request.

Name of Student _____ Grade student **will** enter _____

Resident School District _____ Date of Birth _____
(what school district you live in)

Has the student ever been suspended or expelled from school? ()No ()Yes
(If yes, please provide the approximate dates and reasons)

Is the student's current education being guided by and IEP or 504 plan? ()No ()Yes
(If yes, please provide a copy of the plan with this application. We will copy it and return it to you.)

Are there other school-aged children currently in the home enrolled in the NICE District?
If yes please list names and grades.

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Information on Custodial Parent(s)

Name(s): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

As custodial parent(s), I/we hereby give the NICE Community School District permission to investigate any prior problems by child has had in school. I/we agree that our child will abide by rules of the school and any applicable polices of the Board. I/we agree to partner with the school to support a high-quality educational experience, which includes maintaining open lines of communication and supporting the high academic and behavioral expectations of the school.

It is the policy of this District that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, disability, height, weight, or other protected categories.

Parent Signature(s): _____ Date: _____