

# NICE Community Schools

## MARQUETTE-ALGER SCHOOLS OF CHOICE PROGRAM APPLICATION FORM

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 \_\_\_\_\_

Current school district \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

As custodial parent, I hereby give NICE Community Schools permission to investigate any prior problems my child has had in 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 \_\_\_\_\_ Date \_\_\_\_\_