FRUITPORT COMMUNITY SCHOOLS

3255 E. Pontaluna Rd. Fruitport, MI 49415

Phone: 231-865-4002 Fax: 231-865-3393



Non-Resident Enrollment Application

Please Print		New Application Renewal
Student's Name:		Date of Birth:
Street Address:		
City:		
Parent/Guardian:		Work Phone:
Address:		
School District You Reside In:		
District and Building Student Currently		
		Grade Next Fall:
To ensure continuity of service, please indicate what services are currently provided for your child: Special Education Gifted and Talented Remedial Help Other:		
Reason for suspension: Has this student ever been expelled? Reason for expulsion: Has student ever been reported as true	☐ No ☐ Yes; Date: _	District: District: Separate of the content of th
however, reserve the right to limit enrollment based on capacity of buildings or programs as well as failure of the applicants to meet any special requirements for entry into those buildings or programs. Enrollment may also be denied to a student who has been suspended, expelled, or truant from another district. I understand the above limitations on acceptance and certify the information provided on this application is true and complete to the best of my knowledge.		Date Received Request: Approved Grade Building Enrolled Denied Reason
Signature of Parent/Guardian	Date	Resident District's Authorized Signature