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:Street Address:		
City:		
Parent/Guardian:		Work Phone:
Address:		
School District You Reside In:		
District and Building Student Currentl	y Attends:	
Choice District Requested:	Building:	Grade Next Fall:
Full Name(s) of Other Children Applyi	ng in This District:	
Full Name(s) of Other Children Currer	ntly Attending This District:	
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: _ uant? □ No □ Yes Ha	District: District: as attendance improved? Yes; Date School
This district does not discriminate of disability, religion, gender, or national however, reserve the right to limit en of buildings or programs as well as meet any special requirements for e programs. Enrollment may also be discensuspended, expelled, or truant for I understand the above limitations on information provided on this application the best of my knowledge.	al origin. The district does, irollment based on capacity failure of the applicants to intry into those buildings or lenied to a student who has rom another district.	Date Received Request: Approved Grade Building Enrolled Denied Reason
Signature of Parent/Guardian	Date	Resident District's Authorized Signature