

Instructions

- If student already attends Choice School, this form does not apply.
- Complete separate form for each student, if you have more than one student attending the Choice School.
- Return form with your Gratiot-Isabella Schools of Choice application.

1 Student Information	Student Name			
	Date of Birth	Grade entering this fall		
2 Home School	Home School (School currently attending where records are located)			
	Street Address	City	State	Zip
3 Choice School	Choice School			
	Street Address	City	State	Zip
4 Other Information	As the student's records are necessary in program planning, we are requesting that you include any special help information (psychological, placement in remedial or accelerated programs, etc.)			
5 Authorization & Signature	<p>In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby permit the Home School to release the records or copy of records of my child to the Choice School. (Student name, Home and Choice School provided above).</p> <p>Parent(s)/Guardian(s) signature: _____</p> <p style="text-align: right;">Date: _____</p>			
6 Return Information	<p>Mail or return to: Gratiot-Isabella RESD Attn: Joyce Stevenson, Schools of Choice Program 1131 East Center Street, P.O. Box 310 Ithaca, MI 48847-0310</p>			