

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

3 Choice School	Choice School			
	Street Address		City	State

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.)
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5 Authorization & Signature	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).
	Parent(s)/Guardian(s) signature: _____ Date: _____

6 Return Information	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
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