

ROSEVILLE COMMUNITY SCHOOLS

Roseville, Michigan 48066

586-445-5510

SCHOOL OF CHOICE APPLICATION – MACOMB COUNTY RESIDENTS

2024-2025

APPLICATION WINDOW: 1/6/25 – 1/24/25

Students must be Enrolled by: 3 pm on 1/31/25

Return application to Roseville Community Schools, Child Accounting Office, Administration Building, 18975 Church Street, Roseville, MI 48066. **THREE PROOFS OF MACOMB COUNTY RESIDENCY REQUIRED UPON APPLICATION.**

Date _____	BUILDING REQUESTED _____	Grade 2024-2025 _____
Student's Name _____	Age _____	Date of Birth _____
Has the student received Special Education _____	If yes please circle all that apply:	•IEP •504
Address _____	City & Zip Code _____	
E Mail _____	Phone _____	
Last School District of Residence _____	Current School _____	Grade Completed _____
Ph # _____		
Has the student ever attended Roseville Community Schools? _____ if yes, when _____		
Please list other schools attended in the past two years and when _____		

Has the student ever been expelled? _____ Any suspensions in the past two years? _____		
•RCS website •Year Round Elementary Program		
How did you hear about us? Please circle: •Billboard •Family/Friend •Newspaper •TV		

ROSEVILLE COMMUNITY SCHOOLS MAY NOT ACCEPT AN APPLICANT IF HE/SHE HAS EVER BEEN EXPELLED OR HAS BEEN SUSPENDED WITHIN THE PAST TWO YEARS.

FINAL APPROVAL IS CONTINGENT UPON RECEIPT AND REVIEW OF STUDENT'S PERMANENT RECORD.

Also note: Transportation of the student to and from school is the responsibility of the parent/guardian

I understand that if any of the information given on this application is found to be false, the application will be denied.

Parent/Guardian Signature _____ Print name _____

Revised: 12/3/2024