## ROSEVILLE COMMUNITY SCHOOLS

Roseville, Michigan 48066 586-445-5510

## <u>SCHOOL OF CHOICE APPLICATION – MACOMB COUNTY RESIDENTS</u> 2025-2026

APPLICATION WINDOW: February 20, 2025 – September 5, 2025 Students must be Enrolled by 3 pm September 5, 2025

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 REQUEST	ГЕD	Grade 2025-2026	
Student's Name		Age	Date of Birth	
Has the student rece Special Education	vived  If yes please of	circle all that apply:	•IEP •504	
E Mail	PI	hone		
Last School District of Residence		Ph #	Grade Completed	
Has the student ever	r attended Roseville Cor	nmunity 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 <u>MAY NOT</u> ACCEPT AN APPLICANT IF HE/SHE HAS EVER BEEN EXPELLED OR HAS BEEN SUSPENDED WITHIN THE PAST TWO YEARS.				
FINAL APPROVAL I RECORD.	S CONTINGENT UPON F	RECEIPT AND REVIEW (	OF STUDENT'S PERMANENT	
Also note: Transporta	tion of the student to and f	rom school is the responsib	oility of the parent/guardian	
I understand that if an	y of the information given	on this application is found	I to be false, the application	

Print name\_\_

will be denied.

Revised: 2/4/2025

Parent/Guardian Signature \_\_\_\_\_