

ROSEVILLE COMMUNITY SCHOOLS

Roseville, Michigan 48066

586-445-5510

SCHOOL OF CHOICE APPLICATION – MACOMB COUNTY RESIDENTS
2024-2025

APPLICATION WINDOW: February 22, 2024 – September 5, 2025

Students must be Enrolled by 3 pm February 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 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 _____ Current _____ Grade
of Residence _____ School _____ Ph # _____ Completed _____

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? _____

How did you hear about us? Please circle: •RCS website •Year Round Elementary Program
 •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: 2/7/2024