

Application for 2025-2026

Kent Intermediate School District Collaborative Schools of Choice Program

Email or mail this application to:
 Sonja DeDonado, 300 High Street, Lowell, MI 49331
 sdedonado@lowellschools.com

First District of choice:	Second District of Choice:
Grade entering next semester:	Third District of Choice:
Student Information	
Student Name:	Birthdate:
Address:	Parent's Email:
City/State/Zip:	Home Phone:
Resident District:	Work Phone:
Parent / Guardian:	
Which elementary do you prefer (if applicable): <input type="checkbox"/> Alto <input type="checkbox"/> Bushnell <input type="checkbox"/> Cherry Creek <input type="checkbox"/> Murray Lake	
Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Has your child been suspended from any school in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Sibling(s) or Other School-Age Children Residing in Household Enrolled in District	
Is this student residing in the same household as students enrolled in the immediately preceding school year, semester or trimester <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of School-Age Children/ Sibling	Entering Grade
Please explain any suspensions/expulsions:	
Parent Signature	
By signing below, I acknowledge that I have been provided a copy of, and accept the policies and regulations of the Kent ISD Schools of Choice Program. I also understand that incomplete, inaccurate or false information I have provided may invalidate the transfer. If my child is accepted as a Schools of Choice student, I also understand that transportation shall be my sole responsibility.	
Parent/Guardian Signature:	Date:
Student Signature (if 18 or older):	Date:
Choice District Signature	
The Kent Intermediate School District and constituent local districts comply with all federal state laws and regulations prohibiting discrimination, and with all requirements and regulations of the United State Department of Education and the Michigan Department of Education. The following signature indicates acceptance of the student:	
Authorized Signature:	Date: