

LIVONIA PUBLIC SCHOOLS
15125 Farmington Road, Livonia, MI 48154

Limited Schools of Choice Application Process
105 and 105c

WEBSTER ELEMENTARY
ALTERNATIVE CLASSROOMS FOR THE ACADEMICALLY TALENTED
(ACAT)
GRADES 1st, 2nd, and 3rd

1. Complete a Schools of Choice Application for each student in your household.
2. Submit your completed application to ACATSOC2020@livoniapublicschools.org **no later than 4:00 p.m., May 29, 2020**. Applications will be accepted daily between May 11, 2020 – May 29, 2020, at 4:00 p.m.
3. In order to be eligible for the Livonia Public Schools Limited Schools of Choice process, students must meet all program eligibility criteria, including passing a math, reading, and cognitive ability tests. Assessments will be scheduled with students once restrictions allow for meeting with students.
4. Please note due to the added costs of educating students who receive special education services, Livonia Public Schools may disallow the enrollment of a student who receives special services and resides outside of the Wayne County School District if a mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.
5. A lottery will be held to determine the order in which students will be assessed for openings in the ACAT program. All applicants will receive a lottery order. Families will be informed of their lottery placement.

If there are less than, or the same number of students who qualify through assessment, as seats available for the grade you are applying to, your student will be allowed to register (providing they meet all criteria as listed in #3 and #4 above).

6. Students who have other students in the same household **currently enrolled in LPS** through Schools of Choice will be given preference in regard to their lottery order for Webster ACAT consideration. These siblings will be the first students assessed.
7. The lottery will be held on **Monday, June 1, 2020**.
8. You will be notified via email of your student's acceptance or wait list status.
9. If you receive an email indicating your student has been accepted through Schools of Choice, please follow the steps in the email to set a registration appointment.
10. Parents/Guardians are responsible for the timely transportation of students to and from school on a daily basis.



**LIVONIA PUBLIC SCHOOLS – LIMITED SCHOOLS OF CHOICE
2020-2021 SCHOOL YEAR
NON-RESIDENT APPLICATION**

WEBSTER ACAT PROGRAM – 1st, 2nd, and 3rd Grades

**APPLICATION DATES:
May 11, 2020 – May 29, 2020, 4:00 p.m.**

HOW DID YOU FIND INFORMATION ABOUT REGISTERING YOUR CHILD VIA SCHOOLS OF CHOICE?

- At child's school
 LPS Website
 Direct Mail
 E-mail
 Social Media
 Print Ad
 Other (please describe): _____

Please print and complete all information

INCOMING STUDENT INFORMATION:				
STUDENT LAST NAME:		STUDENT FIRST NAME:		MIDDLE INITIAL:
GENDER (check one)	BIRTHDATE:	CURRENT GRADE:	GRADE SEPTEMBER 2020:	
<input type="checkbox"/> Male <input type="checkbox"/> Female				
STUDENT'S CURRENT SCHOOL, IF APPLICABLE:				
ADDRESS OF CURRENT SCHOOL:				
WAS THE STUDENT PREVIOUSLY ENROLLED IN THE LIVONIA PUBLIC SCHOOLS?				<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please list dates: _____				
HAS THE STUDENT EVER BEEN EXPELLED FROM ANOTHER SCHOOL?				<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:				
Date: _____				
Reason: _____				
HAS THE STUDENT BEEN SUSPENDED FROM ANY SCHOOL DURING THE PRECEDING TWO (2) SCHOOL YEARS?				<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:				
Date(s): _____				
Reason(s): _____				

HAS THE STUDENT BEEN TRUANT OR HAD ATTENDANCE PROBLEMS AT ANOTHER SCHOOL DURING THE PRECEDING TWO SCHOOL (2) YEARS? Yes No

IF YES:

Reason(s):

It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions. Yes No

HAS THE STUDENT RECEIVED SPECIAL EDUCATION SERVICE(S) AT ANY TIME? IF SO, PLEASE LIST SERVICES AND **ATTACH IEP FORM**. (Please note that the Livonia Public Schools may not enroll a student residing outside of the Wayne County Intermediate School District if written mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.) Yes No

IF YES, PLEASE DESCRIBE:

DOES THE STUDENT HAVE A 504 PLAN? IF SO, PLEASE ATTACH 504 FORM. Yes No

IF YES, PLEASE DESCRIBE:

SIBLING INFORMATION:

DOES THE STUDENT HAVE A SIBLING CURRENTLY ATTENDING LPS UNDER SCHOOLS OF CHOICE 105/105C? Yes No

IF YES, WHICH PROGRAM?
 ACAT MACAT
 CAPA NIJI-IRO.
 GLOBAL ED SCHOOLS OF CHOICE – GEN. ED.
 IB

WHAT IS/ARE THE SIBLING(S) NAME(S)?

WHICH LPS SCHOOL DOES THE SIBLING(S) CURRENTLY ATTEND?

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN LAST NAME: PARENT/GUARDIAN FIRST NAME: MIDDLE INITIAL:

ADDRESS: CITY: ZIP:

RESIDENT COUNTY: RESIDENT SCHOOL DISTRICT:

PARENT/GUARDIAN E-MAIL ADDRESS:

HOME PHONE: CELL PHONE: WORK PHONE:

I Understand Parents/Guardians are responsible for providing transportation to and from school every day.

As the parent(s)/legal guardian(s) making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if Livonia Public Schools finds any information that is incorrect or falsified on this application, including affirmation of prior discipline records, this would immediately terminate enrollment of the student on this form. My/our signature(s) holds harmless the Livonia Public Schools, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants Livonia Public Schools permission to contact our current district to obtain school records for my/our student, including discipline records.

Notice of Nondiscrimination: Livonia Public Schools prohibits unlawful discrimination on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap or disability in any of its educational programs or activities. The following person has been designated to handle inquiries and grievances regarding discrimination based on race, color, religion, sex, national origin, age, height, weight, and marital status-Director of Human Resources, [15125 Farmington Road, Livonia, MI 48154](#) at [\(734\) 744-2566](#). The following person has been designated to handle inquiries and grievances regarding discrimination based on handicap or disability-Director of Student Services, [15125 Farmington Road, Livonia, MI 48154](#) at [\(734\) 744-2524](#).

Parent/Guardian Name (PRINT)

Parent/Guardian Name (SIGNATURE)

Date Signed

OFFICE USE ONLY:

DATE STAMP APPLICATION RECEIVED:

RECEIVED BY:

Approved **Denied**

School Placement: _____

Parent notified of decision on: _____ **by** _____

Phone **E-mail** **U.S. Mail**