

Request to Enroll in KPS



Every child, every opportunity, every time

Student Services
 1220 Howard St, Kalamazoo, MI 49008
 (269) 337-0161, Fax (269) 337-0169
 2023-2024 School Year

Complete one application per student. Application must be completed by the student's legal parent/guardian. Completed form and any supporting documentation (including a release from the resident district) should be submitted to the attention of Mindi Miller. **Student must reapply and obtain a release annually if interested in continuing in the Kalamazoo Public Schools.** (Please note that students eligible for PA227 do not have to reapply as long as the parent/guardian remains employed with KPS). If you continue to live outside of the district, then your child is ineligible for The Kalamazoo Promise.

Contact Information:					
Student Name		DOB		23-24 Grade	
Address		City		Zip	
Parent/Guardian		Phone #			
Are you preparing to move to KPS?	Yes	No	Email		
If yes, when? (Please provide any supporting documentation)					

District Information			
Students resident district?			
What school is student currently attending?			
What school are you requesting:	Second Option:		
Does student receive special services?	Yes	No	If yes, please explain:
Has student ever been suspended from any school?	Yes	No	If yes, please explain:
Has student ever been expelled from any school?	Yes	No	If yes, please explain:
Does another family member attend the school you are requesting?	Yes	No	If yes, list name, grade and relation:

Reason for request to attend Kalamazoo Public Schools
Give a detailed reason for your transfer request and attach any documentation.

It is my understanding that once my request is approved to have my child(ren) attend school the Kalamazoo Public Schools, I am no longer eligible for the Kalamazoo Promise.

Please Initial Box		Parent/Guardian Signature
--------------------	--	---------------------------

Parent/Guardian Signature
By signing below I understand that incomplete, inaccurate or false information I have provided may invalidate this transfer. If approved I acknowledge that transportation will be my sole responsibility. If my student attends a secondary level school, I also acknowledge that this transfer is not for athletic purposes. I also give permission to contact my student's prior school(s) to check items such as attendance, grades and discipline.
Parent/Guardian Signature: _____ Date: _____

Office Use ONLY:
Disposition of KPS: _____ Authorized Signature: _____ Date: _____
Yes _____ No _____