

## **Dexter Community Schools of Choice Application**

Dexter High School
International Baccalaureate Programme Candidate
Dexter Community Schools
7714 Ann Arbor Street
Dexter MI 48130
734.424.4100 Fax 734.424.4112



School year 20/20	
Student name:	Birthdate:
Address:	City/State/ZIP:
Phone:	Current Grade:
School you currently attend:	School District in which you reside:
Parent/Guardian Name:	Address:
City/State/Zip:	Home Phone:
Parent cell phone:	Parent Work Phone:
Parent email:	Does the student live outside of Washtenaw County? Y
Has the student been suspended or expelled in the last two years? $\ \ Y$	N
	gulations regarding the Dexter Community Schools of Choice Program. In an effort er Community Schools to access any educational and/or disciplinary records that rict.
To assure eligibility, copies of the student's current transcript a No incomplete applications will be considered.	and most recent report card are required to be submitted along with this application
Parent Signature:	Date:
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The Board of Education of Dexter Community Schools complies with all federal and state laws and all requirements of the United States Department of Education and Michigan State Department of Education prohibiting discrimination. It is the policy of Dexter Community Schools that no person on the basis of race, color, religion, national origin, sex, disability, age, height, weight, marital status, genetic information, or any other legally protected characteristic, in its programs and activities, including employment opportunities. Inquiries regarding non-discrimination policies of the District or to address any complaint of discrimination may be addressed to the Superintendent of Schools, 7714 Ann Arbor Street, Dexter, MI 48130 (734) 424-4101.