



**INTENT TO RETURN
2020-2021
Middle School – Current 6th & 7th Grades**

Student's Name (PLEASE PRINT)	Fall 2020 Grade
Address/City/ST/Zip	Phone #
Current Concentration Program	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Please complete this form and return it to your concentration teacher no later than **Thursday, January 16, 2020.**

CRITERIA TO RE-ENROLL: (PLEASE CHECK ONE) **Academic performance & attendance records will determine eligibility.*

- Re-enroll for my current **HALF-DAY** Program
- Re-enroll for my current **FULL-DAY** Program
- Re-enroll for my current program, but I am requesting a change from a Half-Day to a ****Full-Day** Program

***NOTE: A new application form must be completed and attached, along with current report card. TWO (2) Teacher recommendations must be given to current core teachers to complete. Incomplete packets will not be processed. Transfers will be honored based on meeting the stated criteria, meeting grade requirements of current concentration, and availability.**

- Re-enroll for my current program, but I am changing from a Full-Day to a Half-Day Program

****Home School** you plan to attend for the other Half-Day: _____

CONCENTRATION CHANGE REQUEST: **Audition, academic performance & attendance records will determine eligibility.*

- I am applying for transfer to the _____ Concentration for the Half-Day Program
Home School I will attend: _____

- I am currently Full-Day and applying for transfer to the _____ Concentration for the Full-Day Program

***NOTE: For Concentration change requests, a NEW application form must be attached to this Intent form. TWO (2) Teacher recommendations must be given to teachers- one to your current concentration teacher and 2nd form to a current teacher of subject area being requested. If requesting a visual or performing art concentration, give recommendation forms to your current concentration teacher and a core teacher. Auditions will be required for Visual & Performing Arts classes and will start occurring the week after this form is due.**

DROP REQUEST:

- I request to DROP from SASA in the Fall 2020 (Please share your reason(s) for dropping from the SASA program.)

Please see back side of this form and provide required signatures.

School(s) currently attending:	
School(s) planning to attend – Fall 2020 if in Half-Day Program or if I DROP:	
Student Signature:	Current Grade:
Parent Signature:	Date:

***Note: By accepting admission into any SASA program, you are committing to taking all mandated Michigan Department of Education Assessments.**

Concentration Teacher Signature/Comments: _____

Please rank your 1st, 2nd, and 3rd elective course choices for 2020-2021:

_____ Band _____ Physical Education/Health _____ Spanish 1A OR _____ Spanish 1B (indicate which level)

TRANSPORTATION:

I'm requesting bus transportation for my child? Yes No

If yes, is the student currently assigned/riding the bus? Yes No

*This form is also available for download at the SASA website at www.spsd.net/SASA