## **White Cloud Return to School Application**

555 Wilcox Ave, PO Box 1000, White Cloud, MI, 49349 Phone (231)689-1705 ext. 3306 Fax: (231)689-3349

er from the White Cloud Virtual School and
Schools. By filling out this application, I am
that apply to in-person courses provided
d into a minimum of 1 semester of
review and will be considered once the
this transfer. Use back of form if necessary.
Date
1
Ms. Bedell (Junior High)
ted by Principal)
 Date

When all information is complete, this application will be eligible for review. Once a decision has been made, WCPS will contact the applicant, informing them of their academic status and what their next steps will be.