

SCHOOLS OF CHOICE PROGRAM

(Section 105 – State Aid Act)

Date for enrollment shall be 15 calendar days but no later than the end of the first week of the new semester.

Need only to apply once unless you exit the district.

Student Application for the School Year 20____-20____

School Year _____

2nd Semester _____

School District you wish to attend: _____

▪ **STUDENT INFORMATION:** (Please type or print)

Student Name: _____ Birth Date: _____

Address: _____ Social Security #: _____

City/State/Zip: _____ Phone #: _____

School District of Residence: _____ Last Grade Completed: _____

List any special services required by student, such as special education or transportation:

(Please provide IEP if student currently has one in effect)

HAVE YOU BEEN SUSPENDED OR EXPELLED FROM ANY DISTRICT WITHIN THE PAST TWO YEARS?
Under Section 105---Schools of Choice---Districts are not required to accept students who have been expelled from another district or suspended within the past two years.

YES: _____ NO: _____ *If Yes, SCHOOL DISTRICT* _____

▪ **PARENT/GUARDIAN INFORMATION:** (Please type or print)

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone #: _____ Work Phone #: _____

▪ **NOTICE OF TRANSPORTATION:**

The district to which you are applying is not required to provide transportation. It is suggested that you contact that district to discuss all available transportation options.

▪ **ATHLETIC PROGRAM REQUIREMENTS:**

Students are required to follow the eligibility requirements of the Michigan High School Athletic Association (MHSAA) to which each member high school agreed when they joined the association. Students who transfer under the Schools of Choice program will be ineligible for interscholastic athletics for one full semester.

It is the policy of all districts within the Copper Country Intermediate School District that no person on the basis of sex, race, color, religion, national origin or ancestry, age, height, martial status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18): _____ Date: _____

RETURN THIS FORM NO LATER THAN THE END OF THE FISRT WEEK OF THE NEW SEMESTER TO THE SUPERINTENDENT'S OFFICE OF THE DISTRICT YOU WISH TO ATTEND.