

# SCHOOLS OF CHOICE PROGRAM

(Section 105 – State Aid Act)

Need only to apply once unless you exit the district.

Student Application for the School Year 20\_\_\_\_-20\_\_\_\_

School Year \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_