SCHOOL DISTRICT (NORTH ED)
COOPERATIVE SCHOOLS OF CHOICE PROGRAM APPLICATION FOR PARTICIPATION (FY2022-23)

Student Name:_____

APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)

Applicant Student Name:_____   Student Grade (entering FY22-23)_____

Student Birth Date:_____   Please check one: Male ☐ Female ☐

District of Residence: _____   Last School attended _____

      Sibling #1 Name: _____   Student Grade (entering FY22-23)_____

Student Birth Date:_____   Please check one: Male ☐ Female ☐

District of Residence:_____   Last School attended _____

      Sibling #2 Name:_____   Student Grade (entering FY22-23)_____

Student Birth Date:_____   Please check one: Male ☐ Female ☐

District of Residence:_____   Last School attended _____

REASON(S) FOR SEEKING TO ENROLL IN THE _____ *School DISTRICT*: _____
_____

Parent/Guardian: County: _____

Parent/Guardian Name:_____   Address: _____

Telephone:_____   City & Zip:_____

Are any siblings currently enrolled/attending the _____Schools District? ☐ Yes   ☐ No

If yes, please list name and grade: _____

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons? ☐ Yes   ☐ No

If yes, please provide an explanation: _____
_____

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES? ☐ Yes   ☐ No

OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? ☐ Yes ☐ No If Yes, please provide an explanation: _

Please read and acknowledge the following by checking the boxes and signing below:

☐ I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.

☐ I understand that I am committing to enroll the above named student for a period of not less than one academic year.

☐ I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.

☐ I understand transportation will be the responsibility of the parent/guardian.

☐ I understand Michigan High School Athletic Association regulations apply to all high school age transfers.

☐ I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

☐ I agree to hold the _____ District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released? ☐ Yes ☐ No

Parent Signature: _____ Date: _____

RESIDENT SCHOOL DISTRICT INFORMATION: *(To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.*

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons? ☐ Yes ☐ No

If yes, please provide an explanation: _____
_____

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? ☐ Yes ☐ No

If yes, please provide an explanation: _____
_____

Completed by: _____Date: _____Resident School: _____ ***Schools***

Signature/Superintendent Releasing Student: _____ Date of Release:_____

Signature/Accepting Superintendent: _____ Date: _____