SCHOOL DISTRICT (NORTH ED) COOPERATIVE SCHOOLS OF CHOICE PROGRAM APPLICATION FOR PARTICIPATION (FY202-26)

Student Name:_____

Received Date:_ Approved \(\square\) Yes	□No
Initials:	Date:

released?	APPLICANT INFORMATION: (1 APPLICATION PER STUDE	NT TO BE COMPLETED BY PARENT/GUARDIAN)	
Please check one: Male Female Last School attended Sibling #I Name: Student Grade (entering FY25-26) Please check one: Male Female Last School attended Student Grade (entering FY25-26) Please check one: Male Female Last School attended Pemale Last School attended Last School attended Pemale Last School attended Last School attended Pemale Pemale Last School attended Pemale			
District of Residence: Sibling #1 Name: Student Birth Date: Please check one: Male Female District of Residence: Last School attended	Applicant Student Name:	Student Grade (entering FY25-26)	
Sibling all Name: Suddent Grade (entering FY25-26)	District of Posidones:	Last School attended	
Student Birth Date:	Sibling #1 Name:	Student Grade (entering EV25 26)	
District of Residence: Last School attended	Student Birth Date:		
Sibling #2 Name: Student Grade (entering FY25-26)	District of Residence:		
Student Birth Date:	District of Residence.	Lust beliebt attended	
Student Birth Date:	Sibling #2 Name:	Student Grade (entering FY25-26)	
District of Residence: Last School attended	Student Birth Date:		
Parent/Guardian: Parent/Guardian Name: County: Address: City & Zip: Are any siblings currently enrolled/attending the 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: 1 have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions. 1 understand that I am committing to enroll the above named student for a period of not less than one academic year. 1 understand Michigan High School Althletic Association regulations apply to all bigh school age transfers. 1 understand Michigan High School Althletic Association regulations apply to all bigh school age transfers. 1 understand Michigan High School Althletic Association regulations apply to all bigh school age transfers. 1 understand Michigan High School Althletic Association regulations apply to all bigh school age transfers. 1 understand Michigan High School Althletic Association regulations and their Board of Education harmless for any decision in the admission process. 1 agree to hold the	District of Residence:		
Parent/Guardian Name:	REASON(S) FOR SEEKING TO ENROLL IN THE	School DISTRICT:	
Parent/Guardian Name:	Proceed Constant	Company	
Telephone:		Addrago	
Are any siblings currently enrolled/attending the		City & Zin:	
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		Schools District? Ves No	
Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons?		Schools District: Tes 140	
Please read and acknowledge the following by checking the boxes and signing below: have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions. understand that I am committing to enroll the above named student for a period of not less than one academic year. Understand, and agree that per the terms of the agreement, the student's resident school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester. Understand transportation will be the responsibility of the parent/guardian to the extent permitted by law. Understand Michigan High School Athletic Association regulations apply to all high school age transfers. Understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected. Understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected. Understand disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to 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: \ Patent Signature: \ Date: \ Patent Signature to be completed and will be returned by the resident district to the enrolling district. 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: \ Date: \ Resident School: \ Schools \ Schools Signature/Superintendent Releasing Student: \ Date: \ Resident School: \ Date of Release: \	Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons? Yes No		
☐ 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 resident 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 to the extent permitted by law. ☐ 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	OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? Yes No If Yes, please provide an explanation:		
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 of a felony, or otherwise excluded for disciplinary reasons? 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:	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 resident 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 to the extent permitted by law. 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		
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 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? 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:			
If yes, please provide an explanation: Completed by: Date: Resident School: Schools Signature/Superintendent Releasing Student: Date of Release:	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 of a felony, or otherwise excluded for disciplinary reasons? Yes No		
Signature/Superintendent Releasing Student: Date of Release:			
	Completed by:Dat	te: Resident School: Schools	
Signature/Accepting Superintendent: Date:	Signature/Superintendent Releasing Student;	Date of Release:	
	Signature/Accepting Superintendent:	Date:	

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the School District does not discriminate on the basis of race, color, national origin, sex, religion, or disability in admission or access to programs, activities, or policies or any other characteristic for which discrimination is prohibited by law.