

# Pellston Public School District

## Schools of Choice

### Application for Participation

Received Date: \_\_\_\_\_

Approved:  Yes  No

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by the receiving school district superintendent or designee*

1. To apply and be eligible for the lottery, fully completed applications are due back to the superintendent of the Pellston School District before July 1 (1<sup>st</sup> semester) and December 15 (2<sup>nd</sup> Semester).
2. Notification of eligibility for enrollment will be made to parent/guardian by July 15 (January 1).
3. Applications for enrollment will be accepted on a space available, first-come, first-serve basis after the lottery dates have passed, however enrollment of students by parent/guardian must be completed before September 15 (first Wednesday in February)
4. Applications or enrollments will not be accepted after this date, until the next open enrollment period the following semester.

**APPLICANT INFORMATION** *(one application form per student to be completed by parent/guardian):*

Student:

|  |   |
|--|---|
| Applicant Student Name _____<br>Student Birthdate _____<br>District of Residence _____ | Student Grade (entering) _____<br>Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Last school attended _____ |
| Sibling # 1 Name _____<br>Student Birthdate _____<br>District of Residence _____       | Student Grade (entering) _____<br>Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Last school attended _____ |
| Sibling # 1 Name _____<br>Student Birthdate _____<br>District of Residence _____       | Student Grade (entering) _____<br>Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Last school attended _____ |
| Sibling # 1 Name _____<br>Student Birthdate _____<br>District of Residence _____       | Student Grade (entering) _____<br>Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Last school attended _____ |

Reason(s) for seeking to enroll student(s) in the Pellston School District: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian:

|                            |                      |
|----------------------------|----------------------|
| Parent/Guardian Name _____ | Address _____        |
| Telephone _____            | City/State/Zip _____ |

Are any siblings currently enrolled/attending the Pellston School District?  Yes  No

If yes, please list name and grade: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

If yes, please provide an explanation: \_\_\_\_\_

*Application continued on back*  
*Please complete both sides*

Has the student ever been tested for specialized services?  Yes  No  
Or, does the student 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 agreement 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 year.
- I understand that determinations of admission, denial, academic credit, assignment, or placement are to be made by the Pellston Public School District, and I agree to abide by them.
- 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 Pellston Public School 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 the students' school. Do you give permission for all the student's records to be released?  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENT SCHOOL DISTRICT INFORMATION** (*to be completed by resident school administrator*)

*This application must be delivered to the resident school district superintendent to be completed and will be returned by the resident district to the enrolling district.*

Has the student ever been suspended, expelled, 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: \_\_\_\_\_

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the Pellston Public School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.