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_____

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:_____