

School of Choice Form

Date Application Received: _____

Application Approved _____ Signature _____ Date _____ Application Denied _____ Signature _____ Date _____

MISD School of Choice Application

Students residing in a school district within the Manistee Intermediate School District (participating Districts are Bear Lake School District, Kaleva Norman District, Manistee Area Public, and Onekama School District).

Section 105c Application

Students residing in a school district outside of the Manistee Intermediate School District boundaries.

DISTRICT OF CHOICE:

BUILDING:

Are any siblings already attending?

YES NO

If yes, Name(s)/School and Grade:

Is your student currently receiving Special Education Services: YES NO

District of Residence Information: (please type or print)

Student Name: _____

Birthdate: _____

Address: _____

City/Zip: _____

Phone: _____

School District in which you live: _____ Current Grade: _____

Reason for Parent(s)/Guardian(s)/Student to request a transfer to a School of Choice: _____

Has this student ever been suspended or expelled? yes no If yes, reason and date: _____

By signing below, I acknowledge and accept the policies and regulations of the School of Choice program.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____

Student Signature: _____ Date: _____