Belding Area School District
105C Schools of Choice Application – 2018-19 School Year

Student's Name _____ Date of Birth _____ Grade Entering _____
(Please note: a separate application must be completed for each child)

School presently attending _____
Parent/Guardian (s) _____
Street Address _____ City _____ Zip _____
Phone (home) _____ Phone (mother's) _____ Phone (father's) _____
School District where you currently reside: _____

Special services your child received at previous school: (check all that apply)
☐ Speech ☐ Learning Disabled ☐ Social Worker ☐ Title I ☐ Reading Recovery ☐ Limited English Proficient
☐ Migrant ☐ McKinney-Vento (Homeless)

Please Note: If your application for enrollment is accepted and the student is eligible for special education programs and services under the requirements of Section 105c(18) of the State School Aid Act of 1997, actual enrollment cannot occur until this district reaches a written agreement with the district in which you reside. This Agreement is for the purpose of providing a free appropriate public education to the student and must include an Agreement between both districts related to responsibility for the payment of the added costs of special education programs and services for the student. If an Agreement cannot be reached, enrollment is not allowed.

Has your child ever been expelled? _____Yes _____No
Has your child been suspended from a school within the last two years? _____Yes _____No

A signed statement from all prior schools verifying that there have been no prior suspensions or expulsions must accompany each application. It is your responsibility to provide this information by the application deadline or this application will not be considered. Falsification of information will be grounds for immediate dismissal.

Sibling Information: Please list siblings for which you have also submitted an application. This gives us a cross check to place siblings at the same building when possible.

Sibling Name	Grade in 2018-19	Prior Suspensions	Prior Expulsions
_____	_____	☐ Yes ☐ No	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No	☐ Yes ☐ No

_____ _____
Parent/Guardian Signature Date

I understand that if my child is accepted for enrollment it is my responsibility to transport my child to school and from school and to insure that my child arrives in time for the start of instruction and will be picked up or have other arrangements at the end of the school day.

Ionia County ISD and constituent local districts comply with all federal state laws and regulations prohibiting discrimination, and with all requirements and regulations of the United States Department of Education and the Michigan Department of Education. The following signature indicates acceptance of the student:

For Office Use Only
Student was accepted as a Schools of Choice student ☐ Yes ☐ No
If yes, at which building will the student enroll? _____ Date Enrolled _____
Authorized Signature: _____ Date _____