

Belding Area School District
105C Schools of Choice Application – 2019-20 School Year
 Application Deadline: January 24, 2020

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) Name(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) Special Education (include IEP with application)

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

Falsification of this information will be grounds for immediate dismissal.

Sibling Information: Please list siblings for which you have also submitted an application.

<u>Sibling Name</u>	<u>Grade in</u> <u>2019-20</u>	<u>Prior</u> <u>Suspensions</u>	<u>Prior</u> <u>Expulsions</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 ensure 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.

Parent/Guardian Signature

Date

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 _____