

Allegan Area ESA

Section 105(c)

Schools of Choice Application

Please complete one application for each child.

Return completed form to your Choice
School Superintendent's Office

If you have questions, please contact your
Choice School Superintendent's Office (See
next page for contact info)

District of Choice: _____ Resident District: _____

Student's Name: _____ Birthdate: _____

☐ Male ☐ Female Enrolling Grade: _____ Enrolling Year: _____

District Attended Previous School Year: _____

Has this student been suspended within the past two years, or **ever** expelled from school?

☐ No ☐ Yes. If yes, please explain (use additional pages if necessary): _____

Does this student have a sibling/member of the same household currently attending the requested district?

☐ No ☐ Yes. If yes, please provide name of student(s): _____

Has this student received special education services? ☐ No ☐ Yes. If yes, please explain briefly: _____

Parent/Guardian Name (please print): _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

By signing below, I acknowledge that I understand the rules, regulations, grading system, transportation expectations and graduation requirements of my Choice School District; I agree to abide by the School of Choice District's requirements; and I agree to provide a birth certificate and immunization records to the School of Choice at the time of registration. Any misleading or incorrect information provided on this form will void this application.

Parent/Guardian Signature: _____ Date: _____

Student (if over 18) Signature: _____ Date: _____

For Choice School Use Only

☐ Applicant Accepted for Enrollment – contacted family (attach copy of "Notification of Acceptance" letter.)

☐ Applicant NOT Accepted for Enrollment – Contacted family (attach copy of "Notification of Non-Acceptance" letter.)

Choice School's Representative Signature: _____ Date: _____