

# 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: \_\_\_\_\_

# **Allegan Area ESA Schools of Choice Program**

For more information, contact one of the following participating districts:

## **Allegan Public Schools**

James Antoine, Superintendent, 550 Fifth Street, Allegan, MI 49010  
Phone: (269) 673-5431 Fax: (269) 673-5463

## **Fennville Public Schools**

Jim Greydanus, Superintendent, 5 Memorial Drive, Fennville, MI 49408  
Phone: (269) 722-3350 Fax: (269) 722-3351

## **Glenn Public School**

Jamie Walle, Superintendent, 1394 Adams, P.O. Box 69, Glenn, MI 49416  
Phone: (269) 512-7970 Fax: (269) 512-7971

## **Hopkins Public Schools**

Gary Wood, Superintendent, 400 Clark Street, Hopkins, MI 49328  
Phone: (269) 793-7261 Fax: (269) 557-7919

## **Martin Public Schools**

Brooke Ballee-Stone, Superintendent, 1556 Chalmers Street, Martin, MI 49070  
Phone: (269) 442-0500 Fax: (269) 442-0501

## **Otsego Public Schools**

Jeff Haase, Superintendent, 400 Sherwood Street, Otsego, MI 49078  
Phone: (269) 694-7900 Fax: (269) 694-7999

## **Plainwell Community Schools**

Matt Montange, Superintendent, 600 School Drive, Plainwell, MI 49080  
Phone: (269) 685-5823 Fax: (269) 685-1108

## **Wayland Union Schools**

Christina Hinds, Superintendent, 850 East Superior Street, Wayland, MI 49348  
Phone: (269) 792-2181 Fax: (269) 792-1615

## **Allegan Area Educational Service Agency**

Bill Brown, Superintendent, 310 Thomas Street, Allegan, MI 49010  
Phone: (269) 512-7700 Fax: (269) 512-7702