SCHOOLS OF CHOICE APPLICATION 2020-21 SCHOOL YEAR

TO BE COMPLETED BY PARENT/GUARDIAN

Newagyo County SOC (NC-SOC) Student(s) live within the NC RESA service area Section 105c Student(s) live outside of the NC RESA service area									
Today's D	ate:								
Student(s)) to be released from:	Studer	nt(s) Requesting to A	attend:					
(Resident School district) (Choice or Non-resident School District)									
	f Student(s)	Grade(s) in 20-21		Currently Receives Special Education Services (Yes or No)	Expelled or Suspended (Yes or No)				
Describe any special education services provided:									
Provide	e information on any suspens	sions or expulsions:							
Parent/Gua	rdian Information:	Cell Phone:	Work Phone:						
Name(s):									
Email Address:				Home Phone:					
Address:									

By signing below, I acknowledge and accept the guidelines of the NC-SOC or 105c program. I understand that any incomplete, inaccurate or false statements may invalidate this application/request.

*Hold Harmless Clause: I agree to hold harmless each Newaygo County public school district, their employees, and their board of education members for any decision in the selection process, potential or actual participation as a NC-SOC student relative to academic achievement, co-curricular participation, student discipline related to behavior, and all other aspects of participation as a member of a student body when in compliance with State regulations. *Application: I understand that every child must have an approved application before attending a NC-SOC school district. *Re-Application: I understand that once a child is accepted into a NC-SOC non-resident school district, the acceptance is guaranteed through graduation (with provisions); reapplication is not required on an annual basis, however, I must inform the NC-SOC non-resident school district of my child's intent to return. If I do not inform the choice district of my child's intent to return by TBD, I understand I will need to reapply for admittance, which may or may not be granted after the TBD deadline. *Transportation: It is understood that NC-SOC students will not be automatically provided transportation. Some districts may have transportation options available. Contact the Superintendent's office of the NC-SOC non-resident district for details. *Graduation: I agree to abide by the policies and graduation requirements of the NC-SOC non-resident district.

Signature of Parent/Guardian:

SCHOOLS OF CHOICE APPLICATION 2020-21 SCHOOL YEAR

FINAL DETERMINATION (OFFICE USE ONLY)

TO BE COMPLETED BY RESIDENT DISTRICT FOR NEWAYGO COUNTY SOC APPLICATIONS ONLY

The student(s) listed currently reside/s within your school district. Approval or denial from the resident superintendent is required within two weeks in order to complete this request. Thank you for your assistance.

assistance.								
Approved	Denie	d List any students who are being denied:						
Reason for denial:								
RESIDENT SUPERINTENDENT'S SIGNATURE			DATE:					
	PLEASE DISTRIBUTE COPIES TO NON-RESIDENT DISTRICT							
O BE COMPLETED BY NON-RESIDENT DISTRICT:								
Approved	Denied	List any students who are being denied:						
Reason for denial:								
NON-RESIDENT SUPERINTENDENT'S SIGNATURE			DATE:					

PLEASE DISTRIBUTE COPIES TO RESIDENT DISTRICT AND PARENT/GUARDIAN

NOTE: A district found to be in non-compliance with the regulations established under Section 105c of the State School Aid Act is subject to forfeiture of 5% of the district's entire state school aid for the year in question.

BIG JACKSON SCHOOL

ADMINISTRATION OFFICE 4020 13 MILE ROAD PARIS, MI 49338 (321) 796-8947

EMAIL: ETRUAX@NCRESA.ORG

HESPERIA COMMUNITY SCHOOLS

ADMINISTRATION OFFICE
96 S. DIVISION
PO BOX 338
HESPERIA, MI 49421
(231) 834-6185
EMAIL: SHAFFERM@HESP.NET

FREMONT PUBLIC SCHOOLS

ADMINISTRATION OFFICE 450 E. PINE STREET FREMONT, MI 49412 (231) 924-2350

EMAIL: BTHOME@FREMONT.NET

NEWAYGO PUBLIC SCHOOLS

ADMINISTRATION OFFICE 360 S. MILL ST. PO BOX 820 NEWAYGO, MI 49337 (231) 652-6984 EMAIL: KMELVIN@NEWAYGO.NET

GRANT PUBLIC SCHOOLS

ADMINISTRATION OFFICE 148 S. ELDER AVE. GRANT, MI 49327 (231) 834-5621

EMAIL: KANDERSON@GRANTPS.NET

WHITE CLOUD PUBLIC SCHOOLS

ADMINISTRATION OFFICE 555 E. WILCOX PO BOX 1000 WHITE CLOUD, MI 49349 (231) 689-6820

EMAIL: FOSTERT@WHITECLOUD.NET