



Schools of Choice Form

MISD SCHOOLS OF CHOICE APPLICATION
 Students residing in a school district **within** the Manistee Intermediate School District (participating districts are Bear Lake School District, Kaleva Norman Dickson School District, Manistee Area Public Schools and Onkama School District).

SECTION 105c APPLICATION
 Students residing in a school district **outside** of the Manistee Intermediate School district within the boundaries of an ISD that is contiguous to MISD.

Are any siblings already attending MAPS? Yes No

If "Yes," Name(s)/School & Grade:

District of Residence Information: (Please type or print)

Student Name: _____ Birthdate: ____/____/____

Address: _____ Social Security: _____

City/State/Zip: _____ Phone: (____) _____-

School District in which you live: _____

Current Grade: _____ School scheduled to attend in current district: _____

Reason for Parent(s)/Guardian(s)/Student to request a transfer to a School of Choice:

Has this student ever been suspended or expelled? YES NO

If yes, date: ____/____/____, and reason:

Transportation:

1. Parents will be responsible for transporting students to and from school in the ISD-wide School of Choice Program.

2. Parents may have the option to drive their child to a pre-approved bus stop in the school district of choice if space is available on the bus. Once the child is transported from school to the bus stop it is the responsibility of the parent/guardian to provide transportation home for the child. Parents should also be aware that on those rare occasions when school closes early due to weather, etc., it is also their responsibility to provide transportation home for the child.

3. Parents will assume the responsibility for the safety of the child at the bus stop.

4. Students participating in the ISD-wide Schools of Choice Program, who are eligible to ride a school bus, are required to follow the rules, regulations and bus discipline policy of that district.

5. ISD-wide School of Choice participants will be expected to arrive at school on time every day.

6. Participants will follow the new district's attendance and tardy policy, and will be disciplined according to those policies.

By signing below, I acknowledge and accept the policies and regulations of the Schools of Choice Program and also hold harmless each participating district, their employees, and their Board of Education members for any decision made relative to the Policy and coinciding guidelines:

Parent(s)/Guardian(s) signature: _____ Date: ____/____/____

Address: _____ City/State/Zip: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Student Signature: _____ Date: ____/____/____