

# Section 105(c) Schools of Choice Application 2018-2019 School Year

Please complete one application for each child.

**USE THIS FORM IF YOU ARE NOT A  
RESIDENT OF AN ALLEGAN COUNTY  
SCHOOL DISTRICT. (There is a separate  
form for Allegan County school district  
residents.)**

**Return completed form to:  
Superintendent, Otsego Public Schools,  
400 Sherwood Street, Otsego, MI 49078**

**Or any Otsego Public School office.**

**District of Choice:**

OTSEGO PUBLIC SCHOOLS

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Female Grade (2018-19): \_\_\_\_\_ District in Which You Live: \_\_\_\_\_

District Attended 2017-18: \_\_\_\_\_

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: \_\_\_\_\_