# CHEBOYGAN AREA SCHOOLS
# APPLICATION FOR SCHOOLS OF CHOICE

A separate application must be completed for each student desiring to attend Cheboygan Area Schools under the Schools of Choice State Aide Act of 1996, P.A. 300, Section 105.

| District of Choice: Cheboygan Area Schools | Building Requested: |
|---|---|

Name of Student (Please print) _____ Date of Birth _____ Phone _____

Address _____ City, State, Zip _____

School District in which you live: _____

Grade Entering this Fall: _____

Parent/Guardian (Please print): _____

Address _____ City, State, Zip _____

Home/Cell Phone _____ Work Phone _____

**Has the student been suspended/expelled from any school during the past two years? Yes No**

**We understand that our student is athletically ineligible for one semester according to MHSAA rules, if he/she attended another school in 9th grade or higher (10th, 11th, 12th).**

**By signing below, I acknowledge and accept the policies and regulations of the Schools of Choice Program.**

Parent/Guardian Signature _____ Date _____

Student Signature (if over 16) _____ Date _____

Superintendent Signature _____ Date _____

**Please Note: Transportation of the student to either the school or an established bus stop is the responsibility of the parent/guardian.**

The Board of Education of Cheboygan Area Schools complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education. It is also the policy of the Cheboygan Area Schools' Board of Education that no person on the basis of sec, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.

**For District Use Only:**

**Cheboygan Area Schools**

**Building:** _____

**Approved:** _____

**RETURN THIS APPLICATION TO THE BUILDING REQUESTED OR TO 7461 N. STRAITS HWY., PO BOX 100, CHEBOYGAN, MI 49721**