



SCHOOLS OF CHOICE APPLICATION FOR 2024-2025 SCHOOL YEAR

A separate form must be completed for each student.

The deadline to apply as a School of Choice student for the 2024-2025 school year is August 16, 2024, at 3:00 p.m. for first semester and January 10, 2025, at 3:00 p.m. for second semester.

STUDENT'S NAME		
DATE OF BIRTH	GRADE ENTERING	
DISTRICT AND SCHOOL PRESENTLY ATTENDING		
PARENT/GUARDIAN NAME(S)		
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE		
MOTHER'S WORK PHONE	MOTHER'S CELL PHONE	
FATHER'S WORK PHONE	FATHER'S CELL PHONE	
MOTHER'S EMAIL	FATHER'S EMAIL	
SCHOOL DISTRICT IN WHICH YOU RESIDE	COUNTY IN WHICH YOU RESIDE	
WHY HAVE YOU CHOSEN TO ENROLL YOUR CHILD IN DANSVILLE SCHOOLS?		

Pursuant to Section 388.1705, Subsection 9 of the Revised School Code, a district may refuse to enroll a non-resident applicant if the applicant is or has been suspended from another school within the preceding two years or has been convicted of a felony. Falsification of information will be grounds for immediate denial.

- Has student ever been expelled? Yes No
- Has student been suspended in the past two years? Yes No
- Has student ever been convicted of a felony? Yes No

In completing this application, you are stating the following:

- You live within the boundaries of an Ingham County school district or a contiguous district.
- You are aware that transportation to Dansville Schools is the responsibility of the parent.
- Proof of residency is attached to this form. (Examples of proof of residency: the copy of the address section on a phone or electric bill. *A copy of a driver's license does not constitute proof of residency.*)

If your application for enrollment is accepted and the student is eligible for special education programs and services under the requirements of Section 105c (18) of the State School Aid Act of 1997 actual enrollment cannot occur until this district reaches a written agreement with the district in which you reside. This agreement is for the purpose of providing a free appropriate public education to the student and must include an agreement between both districts related to responsibility for the payment of the added costs of special education programs and services for the student. If an agreement cannot be reached, enrollment is not allowed.

Signature of Parent/Guardian

Date

DISTRICT USE ONLY: Student Accepted as a School of Choice Student: Yes No

PRINCIPAL SIGNATURE / DATE

SUPERINTENDENT SIGNATURE / DATE