Section 105(c) Schools of Choice Application
2019-2020 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 Schools 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: __________